

Extension of Program

(Extension of Form I-20 or DS 2019)

Directions: Please fill out and sign this request, have your advisor or Department Chair sign, and provide supporting financial evidence stapled to this form. *If all of your information is provided, your extension will be available for document pickup on the following business day after 3:00 pm.*

This is to verify that _____, BGSU ID: _____

_____ Needs _____ additional class(es) (_____ unit hours) to complete all degree requirements

_____ Needs to complete an internship in order to meet all degree requirements

_____ Needs additional time to complete research/thesis/dissertation

The Form I-20 may be extended for **only one (1) calendar year at a time**. If you require more than a 12 month extension, you will be required to make a request for the additional time prior to your new program end date.

The new expected date of graduation for this student is _____

Printed Name of Advisor or Department Chair _____

Signature of Advisor or Department Chair _____

Date Signed: _____

Verification from Student

I _____ certify that I have sufficient funding during the above period of time to pay for the cost of my education. (**Attach supporting financial documentation**, i.e., bank statement, Affidavit of Support, GA Contract, or BGSU Financial Statement.)

SEVIS ID: _____

Signature of Student _____ Date: _____

DSO USE ONLY

_____ Approved Date Reviewed: _____ Comments: _____

_____ Denied DSO Signature: _____