



REQUEST FOR F-1 PROGRAM EXTENSION

Part A: To be Completed by the Student

Updated proof of financial support must be accompanied with this form.

Last Name: _____	First Name: _____	
Touro ID#: _____	SEVIS ID#: _____	
Address (including residence # & street name): _____ _____		
City: _____	State: _____	Zip Code: _____
Email Address: _____	Tel #: _____	

Part B: To be Completed by the Academic Advisor/Dean/Program Director

The reason for the delay is:
<input type="radio"/> Important Academic Reason
<input type="checkbox"/> Change of Major
<input type="checkbox"/> Change of Research Topic
<input type="checkbox"/> Unexpected Research Problems
<input type="checkbox"/> Other: _____
<input type="radio"/> Illness or Medical Condition
Dates of illness or medical condition: _____ to _____
<input type="checkbox"/> Documentation is on file in the International Student Office
<input type="checkbox"/> Documentation is attached
The student is expected to complete the program of study by (date): _____
<u>Academic Advisor's/Dean's/Program Director's Certification</u>
I certify that the delay in completing the program of study has been caused by the important academic or illness/medical reason indicated above.
Signature: _____ Title: _____
Name (print): _____ Date: _____