

I-20 Request Form for Extension to Complete Program Requirements

Submit all required documents via email to icenter@umich.edu.

This form is to be used by continuing U-M students to request an I-20 extension to complete degree requirements.

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LAST NAME:	FIRST NAM	E:	MIDDLE NAME:	UMID #:	
DOB: (mm-dd-yyyy)	GENDER: ☐ FEMALE ☐ MALE	F-2 DEPENDENTS? (spouse or child) ☐ YES If yes, how many? # ☐ NO		UNIQNAME:	
PRIMARY MAJOR:			SECONDARY MAJOR:		
TELEPHONE:	DELIVERY METHOD: □ PICK-UP If someone else will pick up for you, their name □ SHIP □eShipGlobal □US Mail (not recommended)		SEVIS ID #: (top left of I-20)		
Important notes. Plea	se read.				
deadline, ther impact on you • To be eligible	e is no guarantee that your requur immigration status.	est will be pro	to the expiration date on your currocessed before your current I-20 ex	xpires. This will have a negative	

- Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons.
- Delays caused by academic probation or suspension are not acceptable reasons for program extensions [8 CFR 214.2(f)(7)(iii)].
- Extension requests will not be granted solely due to delays caused by employment such as Curricular Practical Training.
- PhD students must comply with Rackham's "Time Limit for completing a Doctoral Degree" policy http://www.rackham.umich.edu/policies/academic_policies/section5/#541

Checklist of required documents.			
	Completed Academic Advisor Recommendation form		
	A completed Financial Resources Statement and supporting financial documents		
	A signed Affidavit of Financial Resources is required if family or other individuals are contributing to your education		
	Copy of your passport page(s) showing your picture, biographical information, and its expiration date		
	Print-out of electronic Most Recent <u>I-94</u> or copy of paper I-94		
	Copy of current I-20 (not including instruction page)		
	Unofficial transcript printed from Wolverine Access (not official transcript)		
	Optional: If you would like your form shipped to you, follow the Express Mail Through eShip Global instructions.		

- I certify I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and any F-2 dependents) must have U-M approved health insurance for the duration of my F-1 status.
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), through Wolverine Access within 10 days of the change.

Signature Date	To days of the change.	
	Signature	Date

Please do not staple forms.

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