



**Office of the Registrar**  
**Designated School Official for**  
**Nonimmigrant Matters**

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Scranton, PA 18509  
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**ACADEMIC ADVISOR**  
**RECOMMENDATION FOR**  
**FORM I-20 EXTENSION**

**Eligibility Criteria for Form I-20 Extension**

- In order to be eligible for an extension, the student must be maintaining status, making normal progress toward completion of degree or certificate, and have academic or language test requirements remaining.
- 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 extension [8 CFR 214.2(f)(7)(iii)]
- Extensions will not be granted solely because the student was delayed by engaging in employment such as Curricular Practical Training (CPT).

**Estimating Completion Date**

- The final semester is the last semester the student is registered for courses/credit required for his/her degree/certificate.
- For Intensive English Program students, the completion date should be the final day of the semester in which they plan to take the TOEFL/IELTS.
- For students pursuing a Doctoral degree, the completion date is the last day of the final semester in which the candidate must be enrolled in dissertation credit and is scheduled to defend.
- All degree seeking students should be registered for degree candidacy in the final semester of attendance.

**Student Information (To be completed by the student)**

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Last Name (Surname)	First Name	Middle Name
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Street Address	City	State	Postal Code
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(\_\_\_\_\_) \_\_\_\_\_ N \_\_\_\_\_  
 Preferred Contact Phone Number      E-Mail Address      SEVIS ID Number (Must be eleven digits)

Degree/Program Level:       Intensive English Program       Bachelor       Master       Doctoral

**Degree/Program Information (To be completed by the Academic Advisor)**

Required Credit Hours Remaining (excluding current semester enrollment): \_\_\_\_\_

Estimated Completion Semester: \_\_\_\_\_

Reason(s) for Extension (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Change in Major Program of Study   | <input type="checkbox"/> Documented Medical Illness   |
| <input type="checkbox"/> Change in Research Topic(s)  | <input type="checkbox"/> Unexpected Research Problems |
| <input type="checkbox"/> Student requires more time to complete degree/program/certificate requirements and meets all eligibility criteria above. |   |

***If none of the above reasons apply, please contact the Office of the Registrar at 961-4503.***

**Academic Advisor Certification**

As the Academic Advisor of record, I certify that the student is eligible to continue his/her studies and recommend that the student be allowed additional time to complete degree/program/certificate requirements.

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Name of Advisor	Signature of Advisor	Date	Academic Department
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**Office Use Only**

Initials: \_\_\_\_\_

Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_