

Office of the Registrar Designated School Official for Nonimmigrant Matters 2300 Adams Avenue Scranton, PA 18509 Phone: (570) 348-6280 Fax: (570) 961-4758

ACADEMIC ADVISOR RECOMMENDATION FOR FORM I-20 EXTENSION

E-mail: registrar@maryu.marywood.edu

Website: www.marywood.edu

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)

Last Name (Surname)		First Name	Middle Name	
Street Address	City	State	Postal Code	
() Preferred Contact Phone Number		N SEV	/IS 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 (cheo	k all that apply):			
Change in Major Program of Study		Documented Medical Illne	imented Medical Illness	
Change in Research Topic(s)		Jnexpected Research Pro	pected Research Problems	
Student requires more time to complete degree/program/certificate requirements and meets all eligibility criteria above.				
<i>If none of the above reasons apply, please contact the Office of the Registrar at 961-4503.</i> Academic Advisor Certification				
				As the Academic Advisor of record tional time to complete degree/pr
Name of Advisor	Signature of Advisor	Date	Academic Department	

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 Initials:
