F-1/J-1 Program Extension Form

<table>
<thead>
<tr>
<th>Family/Last Name:</th>
<th>Given/First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID Number:</td>
<td>Drexel Email:</td>
</tr>
</tbody>
</table>

Students whose program of study will continue beyond the program end date listed on their I-20/DS-2019 must apply and receive approval of a program extension prior to the current program end date. Students are eligible for an extension if they apply prior to the program end date, have made satisfactory progress towards their degree, and have compelling academic and/or medical reasons. **Student who fail to apply for a program extension prior to the program end date on their current I-20/DS-2019 are considered out of status and no longer eligible for F-1/J-1 visa benefits.**

**Academic Advisors to complete the following:**
The student is expected to complete all requirements for the current program of study, barring any unforeseen circumstances at the end of the following term. Select the corresponding term the student is expecting to complete their degree and their final date of term. The end date must directly correspond with their official academic program calendar.

- Fall
- Winter
- Spring
- Summer

New program end date ____/____/____ (mm/dd/yyyy)

The student is unable to complete the program of study due to one of the following compelling reasons:
- A delay caused by a change of major
- A delay caused by a change in research topic
- A delay caused by unexpected research problems
- A delay caused by documented medical issues (must submit supplemental proof from a U.S. medical doctor to be considered for this reason).
- Other** (additional documentation must be submitted with this form explaining the necessity of the program extension)

**Academic Advisor’s Signature**
I verify that I am authorized to speak on behalf of the student’s academic progress and that the student is making satisfactory progress towards degree completion.

Advisor’s Name:_________________________________ Date:______________ (mm/dd/yyyy)

Advisor’s Signature:_________________________________ Phone Ext: ___________________

*(Type or sign)*