Dr. Jabulani Beza International Student Center ◆ Lincoln University
926 E. Dunklin Street ◆ Jefferson City, MO 65102 ◆ Ph: (573) 681-5473 ◆ Fax: (573) 681-5474

PROGRAM EXTENSION

In accordance to 8 CFR 214.2 (f)(7)(i), an "F-1 student who is maintaining valid status and making normal progress toward completing his or her educational objective" is eligible to request a program extension to remain in the U.S. and continue studying beyond the program end date originally noted in his or her Form I-20 (under item #5: **"complete studies not later than_____"**) if the student is unable to complete the program by that date.

Per ISC policy, a request for extension must be made AND granted **within the 120 days PRIOR to the original program end date.**

A student will **not** be eligible for a program extension under any of the following conditions:

- The student is out of status for any reason.
- The student is unable to complete his or her program by the completion date on his or her I-20 due to academic reasons (low GPA resulting in dismissal from the university).
- The student has completed all degree requirements and is requesting an extension to take additional courses that are nto part of the academic program indicated on his or her I-20.

If you are unsure about your eligibility for an extension or you have questions about the required documentation needed to process your extension, please make an appointment with the ISC advisor.

To request a new I-20 to extend your program, you must submit to ISC the **Program Extension Request Form**.

An ISC advisor will review your documents and, **if all is in order**, will grant the extension by updating your SEVIS record and issuing a new Form I-20 reflecting the new program end date.

IMPORTANT:

Failure to process a program extension PRIOR to the program end date on your current I-20 will put you OUT OF STATUS and NOT ELIGIBLE for F-1 benefits (i.e., on-campus employment, CPT or OPT). If eligible, you may apply for Reinstatement to F-1 status. If you are in this situation, please make an appointment with the ISC to be advised appropriately.

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PROGRAM EXTENSION REQUEST - STUDENT

To be completed by STUDENT (Please PRINT)

_____ _____
Last Name First Name LU Student ID

_____ _____
Email Phone #

Date of Program Extension Request _____

Reason for Request

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Signature _____ Date _____

FOR ISC USE ONLY:

Received on _____ **by**_____ **Student File Updated on:** _____
(Month/Day/Year) **(ISC advisor's name)** **(Month/Day/Year)**