



F-1 Student Program Extension Recommendation

***Submit this form and financial documentation for the duration of your program extension to the IEC at least as soon as you are aware that you need an extension and not less than 1 month prior to the program end date on your I-20**

Section 1: To Be Completed by Student

Student's Name: _____ MassArt I.D.#: _____

Student Email: _____ Phone#: _____

Current Program End Date Listed on I-20 (month/year): _____

New Program End Date Requested (month/year): _____

Section 2: To Be Completed by Student's Academic or Faculty Advisor

To Academic Advisor: The period of time initially granted to an F-1 international student to complete their program of study is limited by federal regulations governing F-1 immigration status. The student named above is requesting an extension beyond the initial period granted. This form is provided to verify certain information needed to determine if the extension may be permitted under the rules of the U.S. Department of Homeland Security. Please direct any questions you may have to mshirland@massart.edu, International Student Advisor, International Education Center, Kennedy Building, 2nd Floor. Thank you.

1. The student is engaged in the following academic program:
Major: _____ Degree: _____
2. Is this student a MArch degree candidate requesting an extension for 1 semester only and planning to enroll in the Thesis Book Course for 0 credits during their final semester? ____ Yes ____ No
3. Expected date of student's degree completion: _____
month/year
4. Approximate Number of Credits the Student Still Needs to Graduate (do not include current semester): _____
5. Do you recommend that this student be given additional time to continue his or her studies? ____yes____no
6. The student has not yet completed the current program of study due to (please check all that apply):
 - Delay caused by a change in major field of study.
 - Delay caused by a change in research topic.
 - Delay caused by unexpected research problems.
 - Delay caused by lost credits upon transfer to MassArt.
 - Delay caused by documented illness. Student must attach required letter from a medical professional.
 - Other (please explain on reverse side)

Academic or Faculty Advisor Signature: _____ Date _____

Print name _____ Title _____