COLLEGE OF THE **ALBEMARLE**
Transform Your Tomorrow

I-20 Extension Request Form

This form is to be used by continuing COA students to request an I-20 extension to allow for completion of degree requirements.

COA I-20 Extension Policy
I-20's are originally granted for 24 months which is the average amount of time needed to complete an Associate Degree program. Given that some students will place into developmental courses which adds to the necessary credit requirements to graduate, COA will extend an I-20 once for a total of 36 months or to the end of the closest semester. I-20 extensions are granted at the discretion of the DSO.

Important Notes:
° This request should be completed 45-60 days prior to the expiration date on your current I-20. If you fail to meet the deadline, there is no guarantee that your request will be processed before your current I-20 expires. This will have a negative impact on your immigration status.
° To be eligible for an extension, you must be maintaining status, making normal progress toward completion of a degree and have academic requirements remaining.
° Students who have successfully completed one degree and are working towards another degree should complete current program and start new level in SEVIS.
° Delays caused by conditional status or academic suspension are not acceptable reasons for a program extension (8 CFR 214.2 (f)(7) (iii))
° An expired I-20 **cannot** be extended. Students must seek reinstatement or leave the US and seek re-entry.

Name:_____ 	**COA ID #:**_____
　　　　　First Name　　　　　　　　Last/Family Name
Local Address:_____
　　　　　Street Address　　　　　　　Town/City　　　　　Zip Code
Phone:_____ 	**Program of Study:**_____

Have you ever been on academic alert, conditional status or academic suspension: 	YES 	　　NO
If yes, when:_____

Current I-20 expiration:_____/_____/_____ 	**Current GPA:**_____

Original Program Start Date:_____ 	**Expected Completion Date:**_____

Reason for extension:
___ 	**Change of Program (from _____ to _____)**
___ 	**Medical Condition**
___ 	**Inadequate time on the original document to complete program requirements**

Checklist of required documents:
___ 	Copy of your EVAL (printed from mywebadvisor)
___ 	Statement (in writing) from student staying when they will graduate and what courses they will take each semester to complete their program.

_____ 	_____
Student Signature 	　　　　Date 	DSO Signature 	　　　　Date

Updated 04/17/2017 KAC