



# CHAMPLAIN COLLEGE

## *International Student Services*

### **F-1 Program Extension Form**

The U.S. Department of Homeland Security requires you to extend your program if you will not complete your current degree by the program end date indicated on your Form I-20. Using this form, you must apply for a program extension and be issued an updated Form I-20 **before your current form expires!**

Qualifications for a Program Extension:

1. Your current Form I-20 has not expired.
2. You have new financial documents which show you can support the extra time being requested.
3. You have an important academic or documented medical reason which prevented you from finishing your program as planned.
4. Academic probations or suspensions are not acceptable reasons for a program extension.

Required Documents for a Program Extension:

1. A completed and signed Champlain College F-1 Program Extension Form.
2. New financial documentation to cover the extra time being requested.
3. Medical evidence from a licensed medical doctor or psychologist on official letterhead that states the nature and dates of the illness (only for extensions based on medical grounds).

#### **PART I: STUDENT INFORMATION (to be completed by the student)**

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

The reason for the delay is (please check the boxes that apply to your case):

AN IMPORTANT ACADEMIC REASON:

Change of Major/Research Topic

Unexpected Research Problems

Other: \_\_\_\_\_

A DOCUMENTED ILLNESS OR MEDICAL REASON:

Documentation is already on file with the Director, International Student Services

Documentation is attached to this form.

I need more time to complete my studies than was estimated on my Form I-20. This delay in my studies is not a result of an academic probation or suspension. I attach new financial documents to cover the extra time requested.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### **PART II: ACADEMIC ADVISOR'S CERTIFICATION (to be completed by the student's professor/academic advisor)**

I certify that the delay in completing the program was caused by the academic reason stated above.

Estimated Date of Completion: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ or Semester: \_\_\_\_\_, Year: 20\_\_\_\_

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Advisor's Name (Print)

\_\_\_\_\_  
Date

Return form to: The Office of International Student Services  
[international@champlain.edu](mailto:international@champlain.edu)