



## Request for New or Revised I-20

Biographical Data			
Family Name:	First Name:	Middle Name:	Date of Birth:
E-mail:		UNT ID #:	
U.S. Local Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____		Permanent Foreign Address: _____ City: _____ Province: _____ Postal Code: _____ Country: _____	
Country of Citizenship:		Immigration Status:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Degree Level:	Current Major:	Expected Graduation (Semester/Year):	
Passport Expiration:	Visa Expiration:	Do you have F-2 Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	If traveling outside the U.S.: Departure Date: _____ Return Date: _____ Destination: _____

Reason for Request:
<input type="checkbox"/> <b>Program Extension.</b> <i>(Please apply at least 30 days before the expiration date of current I-20)</i> I have attached: <input type="checkbox"/> Academic Advisor Recommendation form <input type="checkbox"/> New Financial Documents
<input type="checkbox"/> <b>Change of Degree Level.</b> <i>(You must apply within 15 days of beginning new degree level)</i> I have attached: <input type="checkbox"/> Admission letter to new department <input type="checkbox"/> New Financial Documents
<input type="checkbox"/> <b>Change of Major.</b> <i>(Apply after departmental approval)</i> Old Major: _____ New Major: _____ Double Major/Minor (if any): _____
<input type="checkbox"/> <b>Change of Funding.</b> <i>(Attach new financial documents, including sponsor letter, if applicable)</i>
<input type="checkbox"/> <b>Reprint of I-20.</b> Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Endorsement Lines Full <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen
<input type="checkbox"/> <b>Reentry.</b> Reason: <input type="checkbox"/> Return after Authorized Early Withdrawal <input type="checkbox"/> Correct Status <input type="checkbox"/> Other: _____ I am returning for the term: <input type="checkbox"/> Fall _____ (year) <input type="checkbox"/> Spring _____ (year) <input type="checkbox"/> Summer _____ (year) (Maymester: _____ Summer I _____ Summer II _____) I have attached: <input type="checkbox"/> New Financial Documents
<input type="checkbox"/> <b>F-1 Status.</b> I am: <input type="checkbox"/> Leaving the U.S. and applying for F-1 Visa <input type="checkbox"/> Applying for a Change of Status in the U.S. (see advisor for additional requirements) I have attached: <input type="checkbox"/> Admission Letter to UNT or IELI <input type="checkbox"/> New Financial Documents
<input type="checkbox"/> <b>Other:</b> _____

**I have fully completed the above information and understand the regulations regarding this process:**

*If I have any questions, I will consult with an ISSS Advisor.*

Signature:	Date:
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## Academic Advisor Certification for I-20 Program Extension

The Department of Homeland Security requires that all F-1 students maintain valid F-1 status. This student is applying for an extension of his/her I-20 to maintain valid status while completing his/her degree program. Federal regulations allow only certain compelling academic or medical reasons for a student to extend the F-1 status. Delays caused by poor performance, academic probation, suspension or CPT (internships) are not allowed by regulation. The SEVIS system allows a maximum one year extension. Please complete the information below and return this form to our office or to the student. If you have any questions, please do not hesitate to contact our office.

Biographical Data: (To be completed by the Student)		
Family Name:	First and Middle Name:	Birth Date:
Email:	UNT Student ID:	
Current Degree Level:	Current Major:	Current I-20 End Date:

Compelling Reason for Program Extension: (To be completed by Academic Advisor or Department Chair)
<input type="checkbox"/> Change of major from _____ to _____ <input type="checkbox"/> Change in research topic. <input type="checkbox"/> Research problems. <input type="checkbox"/> Deficiency courses required for degree. <input type="checkbox"/> Transferred schools and lost credits. <input type="checkbox"/> English instruction requires additional time. <input type="checkbox"/> Medical Condition. Medical documentation attached. <input type="checkbox"/> Other Compelling Academic Reason: _____ _____ _____
<i>(Please note that the student must be making "normal" progress towards their degree. If you feel the student is not making "normal" progress, please contact our office.)</i>
According to the degree plan on file, <b>the student is expected to complete his/her program by:</b> <input type="text"/> (maximum one year from current end date)

Advisor Certification:	
<i>By signing this form, you are certifying that the student named above requires an extension to their program due to a compelling academic reason.</i>	
Academic Advisor Name and Title:	Department:
Email:	Phone Extension:
Academic Advisor Signature:	Date:

**Note to Student:**

Please return this form, along with the "Request for New or Revised I-20" application form and new financial documentation to ISSS at least 2 weeks before the expiration of your current I-20.