

Tompkins Cortland Community College
Global Initiative Office, Room 248

OFFICE USE ONLY

Date Received: _____

DSO Processing: _____

Date Processed: _____

Notes: _____

F-1 Program Extension Request

***Please Note:** Must be processed at least a week prior by DSO before your I-20 end date.

Name: _____

Student's TC3 ID: 720 _____

SEVIS ID#: N _____

I need more time to complete my studies than was estimated on my initial I-20.

The reason for my delay is:

IMPORTANT ACADEMIC REASON: Change of Major Change of Research Topic (Academic Adviser/Dean's Certification is required below) Unexpected Research Problems (Academic Adviser/Dean's Certification is required below) Other: _____**ILLNESS OR MEDICAL REASON:**

Date(s) of illness or medical condition: _____

 Documentation is on file in the Global Initiative Office Documentation is attached

I verify that the above statements are true to the best of my knowledge.

Student Signature: _____ Date: _____

Academic Advisor's Certification

I certify that the delay in completing the program of study has been caused by the important academic reason indicated above.

The student is expected to complete the program of study by (date, Month/Year) _____

Advisor Name (print): _____

Advisor Title: _____

Advisor Signature: _____ Date: _____