Faculty Advisor

EXTENSION REQUEST FORM I-20/DS-2019

This form is to request an extension for the I-20/DS-2019 forms and is to be completed by the student's faculty advisor. **Please allow one week for processing.**

First Name, Middle Initial	Last Name	Student ID Number
Date of Birth (mm-dd-yyyy)	Gender ☐ Male ☐ Female	Telephone	Millersville Email

Current Address (U.S) (Street Address, City, State, Zip)

Degree Level
☐ Bachelor's ☐ Master's ☐ Doctoral ☐ ELI   Major/Field of Study_____

IMPORTANT NOTES. PLEASE READ.

Eligibility Criteria for I-20/DS-2019 Extension
- To be eligible for extension, the student must maintain status, making normal progress toward completion of degree, and have academic requirements remaining.
- Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons for this request.
- Delays caused by academic probation or suspension are not acceptable reasons for program extension [8 CFR 214.2(f)(7)(iii)].
- Extension requests will not be granted solely because the student was delayed by engaging in employment such as Curricular Practical Training (F-1) or Academic Training (J-1).

Estimating Completion Date
The final term is the last term the student is registered for classes/credit required for his/her degree

TO BE COMPLETED BY THE FACULTY ADVISOR

Required credit hours remaining: _____ (excluding current term enrollment)

Estimated completion date : _____ (term and year)

Reason for delay (check all that apply):
☐ Change in major field of study

☐ Change in research topics

☐ Unexpected research problems

☐ Lost credits upon transfer to Millersville University

☐ Documented illness or medical condition

☐ Student needs more time to complete degree requirements and meets all eligibility criteria above

If none of these apply, please contact the Office of International Programs and Services at (717) 871-7506.

TO BE COMPLETED BY THE FACULTY ADVISOR

As the Faculty Advisor, I certify that the student is eligible to continue his/her studies and recommend that the student be allowed additional time to complete degree requirements. This form must be completed in <u>DocuSign</u>.

Name _____ Title _____ Date _____

Phone _____ Millersville Email _____

Signature _____ School or Department _____

Millersville University | Warfel Center for International Programs and Services | P.O. Box 1002, Millersville, PA 17551
Phone: 717-871-7506 | international.services@millersville.edu | www.millersville.edu/internationalprograms/

(Form Updated 10/07/2025)