

REQUEST FOR EXTENSION OF I-20 OR DS-2019 (for F-1 and J-1 Students)

An F-1 or J-1 Student who is currently maintaining status and making normal progress toward completing his or her degree may apply for a program extension if s/he has a compelling academic or medical reason. A “compelling reason” includes such things as a change of major or research topic, unexpected research problems, or a documented illness that has interfered with full-time study. Academic suspension and probation are not considered acceptable reasons for a Program Extension.

The student must submit the following items to the Global Engagement Office **prior** to the expiration date on their current I-20 or DS-2019.

- _____ Academic advisor’s certification as to the reason for the request (form below) and
- _____ Proof of finances for the period requested (including finances for dependents, if any)

Section A: To be completed by Student:

Last Name: _____ First Name: _____
Creighton NET ID #: _____ Phone: _____
Current Address: _____
Email: _____

Section B: Recommendation: To be completed by Academic Advisor:

Educational Level (check one): _____ Bachelor _____ Masters _____ Doctorate _____ Other _____
(specify)

Student’s Major: _____

Has this student been continuously enrolled for a full course of study? ___ Yes ___ No

Program Extension is requested until (month/day/year): _____

Reason for extension (please check all that apply):

- _____ Change of Major _____ Unexpected research delays
- _____ Change in research topic _____ Illness
- _____ Other (please elaborate) _____

I verify that this student is making normal progress toward the completion of his or her degree, and recommend extension of the student’s F-1/J-1 program as indicated above.

Advisor’s Signature: _____ Date: _____

Name (printed): _____ Department: _____

Phone: _____ Email: _____

Section C: Verification of Student Funding (to be completed by the Academic Advisor or Department Chair/Dean, if the student is receiving funding from Creighton University)

The student is funded by the Department of _____

Please check all types of support applicable:

- _____ Tuition remission
- _____ University fees
- _____ Stipend in the amount of _____ per month
- _____ Health insurance coverage

Period of funding for the extension: From _____ to _____ (or Academic year 20____)

Advisor/ Department Chair Signature: _____ Date: _____

Name (printed): _____ Phone: _____