



This request is for an international student that requires additional time for the completion of his/her program of study, the student must complete Part I on the Program Extension Request and have Part II & III completed by the academic department.

1. Once you have completed this form, you must log in to the OGS Program Extension e-form available [Here](#). The e-form will require you to upload the completed form and financial documents which demonstrate that you have access to funds that will cover the expenses you will incur during the additional term(s) needed to complete your program.
2. The extension of your I-20 or DS-2019 will depend on eligibility. If your request is incomplete, it will be denied and you will be required to resubmit the e-form.
3. The OGS requires at least 10 business days to process your request.

Important: The program extension request must be submitted **at least 30 days prior to your current I-20 or DS-2019 end date.**



Part I: Student Information (To be completed by the student)

Student Name: _____ Northeastern ID: _____
Last name First name

Major: _____ Number of credits for the extended duration : _____ hour(s)

Part II: Verification by Academic Department (To be completed by the student's academic advisor or Graduate Program Director)

- ❖ Please check one of the following to ensure the student's eligibility to request a program extension:
 - This student has maintained full-time academic status during the regular academic terms and has been making satisfactory progress toward the successful completion of his/her program.
 - This student could not maintain full-time status during the regular academic terms for the following Reason(s): _____
- ❖ Please choose one of the following reason(s) for the extension request (*please be aware that delays in a program of study caused by **academic probation** or **suspension** are not acceptable reasons for program extension*):
 - Change of major - the term when change of major was approved: _____
 - Thesis/Dissertation Continuation
 - Co-op/Internship
 - Medical - A Medical Leave must have been granted by the University Health & Counseling Services (UHCS)
 - Other - specify reasons: _____

Date of New Program Completion:

Semester Based Programs

- Fall (December 20)
- Spring (May 8)
- Summer I (July 2)
- Summer II & Full Summer (_____)
- Other: _____ (i.e. Law school, thesis/dissertation)

Quarter Based Programs

- Fall (December 19)
- Winter (April 3)
- Spring (July 3)
- Summer(_____)

Program Completion Year:

Part III: Signatures (To be completed by the student's academic department)

1. Academic Advisor or Graduate Program Director (required):

To the best of my knowledge, the information pertaining to this student is accurate and complete.

Print Name & Title: _____

Signature & Date: _____

2. SEVIS contact: required for Graduate students and all CPS students (if Academic Advisor is different from SEVIS contact).

To the best of my knowledge, the information pertaining to this student is accurate and complete.

Print Name & Title: _____

Signature & Date: _____ College/Graduate School: _____