

This request is for international students who require additional time for the completion of their 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 will need to submit the OGS Program Extension e-form request available [here](#). The e-form will require you to upload this completed and signed form and financial documents which demonstrate that you have access to funds which 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.

**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: \_\_\_\_\_  
 Degree & Major: \_\_\_\_\_ Number of credits for the extended duration: \_\_\_\_\_ hour(s)  
 Remaining courses to be taken during extension: \_\_\_\_\_

**Part II: Verification by Academic Department (to be completed by the Academic Advisor/Authorized Secondary Approver: General Request)**

❖ **Please check one of the following to ensure the student’s eligibility to request a program extension:**

This student has been enrolled in a full-time course load during each required academic term of their program, has maintained appropriate on-ground presence throughout their program, and has been making normal progress toward completing their course of study.

This student could not maintain a full-time course load and/or appropriate on-ground presence during each required academic term of the program for the following reason(s): \_\_\_\_\_

❖ **Please choose one of the following reason(s) for the extension request\*:**

*\*This request is subject to review by OGS. If additional information is required for this request to be considered, OGS will contact the academic department.*

Change of major or research topics - the term when change of major was approved: \_\_\_\_\_

Unexpected research problems

Thesis/Dissertation Continuation

Documented illnesses – A reduced course load or medical leave must have been granted by the University Health & Counseling Services

Other Academic Circumstance - please be specific: \_\_\_\_\_

**NOTE:** The below reasons are **not acceptable** for I-20/DS-2019 program extension:

- Enrolling in additional courses to improve GPA or for personal interest that is not required for program completion
- Engaging in supplemental on or off campus research that is not required for program completion
- Finishing outstanding coursework for an incomplete grade from a previous term
- Retaking a failed class that is not required for program completion
- Engaging in supplemental experiential learning experience/practical training experience that is not necessary or integral for program completion.

**Date of New Program Completion:**

**Semester Based Programs**

- Fall (December 20)
- Spring (May 8)
- Summer I (July 2)
- Summer II & Full Summer (August 29)
- Other: \_\_\_\_\_ (i.e. Law school, thesis/dissertation)

**Quarter Based Programs**

- Fall (December 19)
- Winter (April 6)
- Spring (July 3)
- Summer (September 3)

**Program Completion Year:**

\_\_\_\_\_

**Part III: Signatures (to be completed by the Academic Advisor and/or Authorized Secondary Approver: General Request)**

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

*To the best of my knowledge, the information pertaining to this student is accurate and complete, and represents the program requirements for program completion.*

Print Name & Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**2. Authorized Secondary Approver: General Request:** required for Graduate students and all CPS students (if Academic Advisor is different from Authorized Secondary Approver)

*To the best of my knowledge, the information pertaining to this student is accurate and complete, and represents the program requirements for program completion.*

Print Name & Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ College/Graduate School: \_\_\_\_\_