Northeastern University
Global Services

Academic Recommendation for Program Extension

Last updated: 10/20/2026

This request is used for F-1 and J-1 international students who require additional time for the completion of their program of study. In order to properly maintain their nonimmigrant status, they must submit this extension request before the current program end date on their Form I-20/DS-2019.

U.S. federal regulations state that students need to complete their program of study by the program end date on their Form I-20/DS-2019. The end date on the Form I-20/DS-2019 is established by the College to reflect the average length of time it should take a student to complete the program requirements. In order to qualify for a program extension, students must show that they have continually maintained status and the extension is necessary for compelling academic or medical reasons, as outlined on the OGS website.

While it is not a violation of status, students should practice caution when requesting multiple program extensions within the same educational level, as this could be questioned while applying for future immigration benefits.

The student must complete Part I on the Program Extension Request and have Part II & III completed by their academic department.

1. Once the student and academic department have completed this form, the student will need to submit the OGS Program Extension e-form request available here. The e-form will require students to upload this completed and signed form as well as financial documents. The financial documents are required to verify that students have access to funds which will cover the expenses they will incur during the additional term(s) needed to complete their program.

2. The extension of the Form I-20 or DS-2019 is not guaranteed and will depend on eligibility. If a student request is incomplete, it will be denied and they will be required to resubmit the e-form.

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

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Part I: *To be completed by Student*

Student Name: _____ Northeastern ID: _____

College: _____ Degree & Major: _____

Is this your first time requesting a program extension? ◯ Yes ◯ No (If no, when were you last approved for an extension?: _____)

Your current I-20 end date (MM/DD/YYYY): _____

Estimated Program Completion Term (term and year): _____ (This will be verified in Part II)

ATTENTION Please note that most programs allow students to consider Summer term as a vacation term, and course offerings are not always comprehensive. Please consult with your academic advisor to ensure that it is possible to graduate during the Summer term, develop a new study plan and complete course registration planning prior to submitting this request. Fully online enrollment in the Summer term is also not permitted. If only online courses are offered in your program during this term, please consult with your academic advisor to revise your course plan to graduate in the following term if possible. Submitting multiple program extensions due to personal interests, after submitting the initial request, will not be permitted and the request will be denied.

Part II: *To be completed by the Authorized Secondary Approver: General Requests*

❖ **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 in 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 provide the following information regarding the student's program requirements:**

Total number of credits required for degree program completion: _____

Number of remaining course credits student must complete for extended duration, and course names if known:

_____

Remaining coursework explanation (if applicable): _____

❖ **Please choose one of the following reasons 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 - 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 Disability Access Services or the UHCS

◯ Academic department has approved a change in the student's current program/major requirements for degree completion

Please explain the change(s)/update(s) to the student's program or major:

◯ Other Academic Circumstance:

Please explain the compelling academic or medical reason(s) that necessitate an extension:

Continued on next page

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.

Part II Continued: *To be completed by the Authorized Secondary Approver: General Requests*

Date of New Program Completion:

- ◯ Fall (December 23)
- ◯ Spring (May 8)
- ◯ Summer (August 29)
- ◯ Other (thesis/dissertation)

____

Program Completion Year:

____

Part III: T*o be completed by the Authorized Secondary Approver: General Request*

Authorized Secondary Approver Attestation

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

Name (print): ____

Title: ____

Signature: ψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψ_____ Date: ______________________________

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