



I-20 Program Extension Request Form

PROCESSING TIME: FIVE (5) BUSINESS DAYS

Student Completes Part 1:

The extension of a program end date on your I-20 does NOT extend the validity of your visa in your passport. You are allowed to remain in the United States, if your visa has expired. If you depart the United States, you will have to plan to apply for a new visa prior to reentering the United States in F-1 visa status. A visa cannot be renewed inside of the United States.

Please note: We cannot extend your I-20 after it expires.

***If filling out this form in Adobe or another PDF viewer, add a text box to the area you wish to fill in. To submit this form by email: ISSS@nmsu.edu*

First Name:		Last/Surname:	
Aggie/NMSU ID:		SEVIS ID	N:
NMSU Email:		Telephone number:	
Have you applied for OPT already?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current End Date on your I-20:	
Have you applied graduation for already?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Academic Advisor/ Program Director/ Department Chair Completes Part 2:

This form is intended to facilitate the communication of information required by the United States Citizenship and Immigration Services (USCIS) for students who will not complete their program of study within the recommended time frame for their level of study. If you have any questions about the regulations or completing this form, please email the International Student and Scholar Services office at ISSS@nmsu.edu

Student's Program of Study and Degree Level:		New Program Completion Date:	
<p>The student is progressing normally toward completion of her/his educational objective. The student has experienced a delay in her/his program because of the following reason(s). (Tick all reasons that apply):</p> <p> <input type="checkbox"/> Change in research topic/ advisor <input type="checkbox"/> Change of major or field of study <input type="checkbox"/> Unanticipated research problems <input type="checkbox"/> Original program end date is not reasonable for average student in program <input type="checkbox"/> Medical condition <input type="checkbox"/> If Other, please explain below: _____ _____ _____ </p>			
Name of Advisor:		NMSU email:	
Signature:		Date:	Dept: