KU Medical Center Mail Stop 3033, 3901 Rainbow Blvd., Kansas City, KS 66160

International Programs

Extension of Length of Study

This form must be completed and submitted to the Office of International Programs at least 30 days prior to the current expiration date on the I-20 or DS2019. Student will be notified when new document is ready for pick up.

SECTION I

To be completed by the Student:

Name_____ Date of Birth_____
Family First Full Middle MM/DD/YYYY

Residential Address (No P.O. Boxes): Home Telephone_____

_____ Email_____

_____ KUID#_____

SECTION II

To: Academic Advisor:

The international student listed above wishes to apply for an extension of the time for completion of his/her program of study. Please complete items 1-5, sign and return the form to the Office of International Programs at 4016 Student Center.

1.) Student is enrolled in the following program: Major_____ Degree_____

Number of credits required for degree_____ Total credits earned to date_____

Additional degree requirements (indicate if met and date):
_____
_____
_____

2.) Is the student making normal progress toward her/his degree? _____

3.) Reason(s) the student will not have completed the program of study by the end date listed on the I-20 or DS2019:
_____ change in major field of study
_____ change in research topic
_____ unexpected research problems (explain)_____
_____ medical reasons (submit evidence)
_____ other (explain)_____

4.) Date of anticipated completion of degree requirements_____

5.) Do you recommend that the student be granted additional time to complete his/her program?_____

Advisor's Signature_____ Date_____

Printed Name_____ Title_____

Department_____ KUMC Address_____

6.) Signature of Head of Program/School_____ Date_____

Printed Name_____ Title_____