

LAST NAME _____ FIRST NAME/M.I. _____

PHONE NUMBER: _____ AU ID # _____ EMAIL: _____

IMPORTANT, PLEASE READ:

- If you need to extend your program timeline, you are required to submit this form at least 10 days in advance of the date you need the extended I-20 prior to the expiration of your current I-20.
- If you are requesting an I-20 extension, you will also need to meet with the International Student Financial Advisor. Please contact via email: isfs@andrews.edu or (269) 471 3834. Upon the approval and notification to OISSP, your I-20 will be issued with new notations.
- If you have academic or medical reason/s, call (269) 471-3310 / 6395 to arrange a meeting with DSO in OISSP to discuss about your specific situation.

REASON FOR REQUEST:

- I am in the thesis or dissertation continuation stage of my program and it counts for full-time status. *(Please have your academic advisor explain it in a signed letter).*
- I have medical reason/s and I am attaching documents to support this request. *(A letter written by a licensed medical or licensed clinical psychologist need to accompany this form).*
- I am in the last semester of my studies and so I will be enrolled for less than full-time. *(Please attach academic advisor's signed letter).*
- I am in my first semester and having academic challenges. *(Please have your academic advisor explain in a signed letter).*
- I have attended 2 consecutive semesters as a full-time student and I intend to take the _____ semester off.
- I would like to extend my program until this date _____. *(Please have your academic advisor provide a signed letter explaining the reason/s for this extension).*
- Other reason(s) not provided above. *(Please have your academic advisor provide a signed letter and attach to this form).*

READ AND SIGN:

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I must have AU-approved health insurance for the duration of my F-1 status and that if I have any dependents, they too must have health insurance. I also understand that I must report address changes to this office within 10 days.

 STUDENT SIGNATURE _____ DATE _____**ACADEMIC ADVISOR**

NAME _____ SIGNATURE _____

EMAIL: _____ DATE _____

INTERNATIONAL STUDENT FINANCIAL ADVISOR

NAME _____ SIGNATURE _____ DATE _____

STUDENT'S ACCOUNT BALANCE _____ OK TO RELEASE I-20 EXTENSION? YES NO

*PLEASE RETURN THIS FORM TO OFFICE OF INTERNATIONAL STUDENT SERVICES AND PROGRAMS (OISSP)

Office of International Student Services and Programs (OISSP) Use Only:Decision: Approved Denied, State reason: