



BUFFALO STATE
The State University of New York

International Student and Scholar Services
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Extend/Shorten Program Completion Date

The information below is required to grant an extension or report a shortened completion date for students in F-1 or J-1 status. The scheduled date is listed on your current I-20 (see item #5) or DS-2019 (see item #3). If you will complete your degree requirements earlier or later than this date, the correct date must be reported to SEVIS and a new document will be issued. Program extensions require additional consideration (see below).

If your funding details will change from what is currently listed, either by source or amount greater than 30%, please attach the [FSA-4](#) form. These updates can be processed together to issue a single new I-20 or DS-2019.

Additional information for Program Extensions: To apply you must have continually maintained status and document that the extension is needed for compelling academic or medical reasons such as a change in study, unexpected problems or documented illness. Academic probation or suspension alone are not acceptable reasons for an extension of stay. **Program extensions must be requested at least 2 weeks before your current form will expire.**

Student Information:

Banner ID # _____

Name: _____

Date of Birth: _____

Email: _____

Phone: _____

Current Completion Date on I-20/DS-2019: _____

Has your funding information changes? Yes No

Recommendation of Academic Advisor: This student is requesting a change to the completion date estimated for his or her current program of study. Please indicate whether this change is appropriate and the specific new date.

New Expected Date of Completion: ____/____/____ **Recommended Action:** Extend Shorten

For extensions, please identify the compelling academic or medial reason, as listed below.

Change of major or field of study

Unexpected research problems

Change in research topic

Credits lost upon academic transfer to Buffalo State

Documented illness

Other (Please Explain): _____

Has this student maintained continuous enrollment? Yes No

If No, please explain: _____

Advisor's Name: _____ Phone: _____

Signature: _____ Date: _____