## The University of the Incarnate Word



## **International Student & Scholar Services**

## I-20/ DS-2019 Extension Request Form

Turn this form into our office at least 45 days before your I-20 or DS-2019 expiration date. **Extension requests cannot be processed after the expiration date of the I-20 or DS-2019**.

☐ Clear all holds from your s☐ Complete the top part of t	student account, your reques his form and submit it to you ust complete the bottom of the	et will not be proce r academic advise nis form <b>OR</b> ema	or il <u>intl@uiwtx.edu</u> with the below information
ID#Name_			Phone
	Last (family)  First  Date  Date		Date
Do you work on-campus?	☐YES ☐ NO		
•	t. The below information is a	also acceptable vi	ne year and only with consent of the ia email to intl@uiwtx.edu from UIW issued
Major	Degree Level	Date	expected to complete program
Is this student making normal progress toward the degree?   YES NO			
. Do you recommend this student be given additional time to continue studies TYES NO			
4. This student has not yet completed the current program of study due to (check all that apply):			
No unusual delay, oriç	ginal length of time was not re	easonable	
Delay caused by a change in major field of study			
Delay caused by a change in research topic or unexpected research problems			
Other (please explain)			
5. PLEASE ATTACH a copy o	f the student's updated DEG	REE PLAN to th	is form
Advisor signature		Title	
Printed name	Ema	iI	Date
For ISSS use ONLY:			
SEVIS input date:	Email to Payroll   To	day's date:	DSO Signature: