I-20 Extension Request Form

International Student Office • Collin College
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Purpose of Form & Instructions: *Please review carefully*

- Form is for students whose I-20 is ending, but who have not yet completed the program on their I-20.
- F-1 students must request an I-20 extension at least 30 days prior to the end date on the I-20.
- **Students must be maintaining immigration status, making progress toward a degree, and have a valid reason to request the I-20 extension.** Not making progress towards a degree, CPT, or previous extensions are not valid reasons for an extension.
- Students must provide a **Cougar Compass Degree Audit** AND **new proof of funds** ($26,000 for student only, additional required for dependents) dated within the last 6 months with the Letter of Guarantee, if you are not providing your own funds.
- **Students graduating are not eligible for an I-20 extension.** If you are graduating, you may be eligible for transfer, change of level of education at Collin College, or OPT.
- **Please note, if your request is not granted, you will have to transfer to another school.**
- You will receive an email to your Collin College Email account, once a decision has been made regarding your application. Processing times are approximately 5-7 business days.
- Please see Academic Advising for assistance in reviewing your Cougar Compass and determining your expected program completion date.

Please Review & Complete

- **Major on my current I-20:** _____
- **The end date on my current I-20 is** _____/_____/_____.
  MM   DD   YY
- **Expected Graduation** _____/_____/_____.
  MM   DD   YY

I am unable to complete the current program of study due to: *(Please check what applies to you and provide any additional information on lines provided. Request cannot be completed without this section completed.)*

☐ **Previous change to another major to** _____. Completed (_____/_____)
  Semester   YY

☐ **Pre-requisites that were completed for the program below.**
☐ **Other: Please explain below.** Use additional page if necessary.
☐ **I had reduced course load due to medical reasons.** List Authorization Dates on the lines below.

_____
_____
_____
_____

Student Information Certification

Name: _____ **CW ID:** _____ **DOB:** _____/_____/_____
  MM   DD   YYYY

By typing or signing my name, I confirm that all the information provided on this form is true.

Signature: _____ **Date**: _____/_____/_____

09/01/2023