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 maintain immigration status, making progress toward a degree, and have a valid reason to request the I-20 extension. Not making progress toward 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 ______/_____/_____.

- Expected Graduation ______/_____/_____.

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: ______/_____/______

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

Signature: __________________________ Date: ____/____/____

09/01/2023