

# I-20 Extension Request Form

International Student Office • Collin College  
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Phone: 972-516-5012 • <http://www.collin.edu/studentservices/international.html> • [iso@collin.edu](mailto:iso@collin.edu)

## 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** (\$24,000 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.)*

- ( ) 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.

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## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_