



REQUEST TO SHORTEN OR EXTEND F-1 PROGRAM

Degree-seeking (F-1) international students must submit this completed form to *International Student Affairs* to request that the academic program be shorted or extended. The Major Advisor(s) must authorize all changes in the duration of the academic program by completing and signing this form. Upon receiving this request, *International Student Affairs* will review it, advise student on immigration consequences and issue the student a new I-20 Certificate of Eligibility reflecting the updated graduation date. If more space is needed, please use the space provide on page 2 for more details.

TO BE COMPLETED BY THE STUDENT:

Name of Student: _____
Given name(s) *Middle (if any)* *Family name(s)*

DePauw Student ID Number: _____ SEVIS Number: _____

Date of Birth: _____ Phone Number: _____

Major 1: _____ Major Advisor 1: _____

Major 2: _____ Major Advisor 2: _____

Reasons for request: _____

Student's signature: _____ Date: _____

FACULTY RECOMMENDATION/TO BE COMPLETED BY MAJOR ADVISOR:

An extension or shortening of the program shall be recommended only for compelling academic or medical reasons, taking into account the student's progress through the program and time and credits needed to complete all degree requirements.

New graduation date: _____ This request is to: SHORTEN / EXTEND the program.

Reason for request to shorten or extend the academic program: _____

Signature (Major Advisor): _____ Date _____

Printed name and Title (Major Advisor): _____

Academic Department: _____



FACULTY RECOMMENDATION--TO BE COMPLETED BY MAJOR ADVISOR 2:

This section of the form shall be filled out and printed only if the student has two majors and major advisors.

An extension or shortening of the program shall be recommended only for compelling academic or medical reasons, taking into account the student's progress through the program and time and credits needed to complete all degree requirements.

New graduation date: _____ This request is to: SHORTEN / EXTEND the program.

Reason for request to shorten or extend the academic program: _____

Signature (Major Advisor): _____ Date _____

Printed name and Title (Major Advisor): _____

Academic Department: _____

ADDITIONAL SPACE

Please use this space to provide more details on any of the sections above, if needed.
