



110 Weller Hall
134 Hofstra University
Hempstead, NY 11549
international@hofstra.edu
516-463-6796

Program Extension Approval Form

To be authorized for a Program Extension of your I-20, please ask your academic advisor to fill in this form. Please upload it when you submit your e-form request for a program extension to International Enrollment at <https://internationalforms.hofstra.edu/>.

Extensions must be authorized before the end date on the I-20.
We recommend you apply 2-3 months before the end date on your I-20.

PERSONAL INFORMATION (To be completed by the student)

Name: _____ Hofstra ID: _____
Surname/Family Name Given Name

FINANCIAL SPONSOR (To be completed by the sponsor, if applicable)

If your financial document is not under your name, please enter your sponsor's full name and have them sign this form.

Sponsor's Name: _____ Sponsor's Signature: _____

ACADEMIC ADVISOR (To be completed by the student's academic advisor. For undergraduate students, this form needs to be completed by the advising Dean in the Center for University Advising.)

A student may be granted a program extension if the delay was caused by a compelling academic or medical reason. Delays caused by academic probation or suspension are not acceptable reasons for a program extension.

The student will not complete the program of study due to the following reason:

- ☐ Delay caused by a change in major
- ☐ Delay caused by adding a major/minor
- ☐ Delay caused by unexpected research problems
- ☐ Delay caused by a medical illness (must be accompanied by a doctor's note from a licensed doctor in U.S.)
- ☐ Other (please specify reason): _____

I expect the student to complete all program and degree requirements by: Month _____ Day _____ Year _____

Academic Advisor's Name (print) _____ Signature _____

Department _____ Phone _____ Date _____