



**International Student Affairs (ISA)**

Division of Student Affairs  
202 Roosevelt Hall  
130 Hofstra University  
Hempstead, NY 11549-1260  
international@hofstra.edu  
Tel: (516) 463-6796 Fax: (516) 463-5328

**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 Student Affairs at <https://internationalforms.hofstra.edu/>.

**Extensions must be authorized before the end date on the I-20.  
ISA recommends 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

If your financial document is not under your name, please provide your sponsor's name and signature:

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** \_\_\_\_\_