Faculty Recommendation Form for F-1 Student Program Extension

This form provides International Students Programs with information required by the U.S. Department of Homeland Security for issuance of an extended Form I-20 for a student to remain in the U.S. for an additional period of time.

Student: Please provide the following information:

Name: ____________________________  Student ID#: ____________________________
Date current I-20 expires: ____________________________  Major: ____________________________
Email address: ____________________________  Phone Number: ____________________________
Local, Mailing Address (where you live in the US): ____________________________

*RESTRICTION* According to F-1 visa regulations, in your final semester, you must take a seated course!
In your final semester, you cannot register for an online course only:
- Example 1. If you need only one course to graduate and that final, required course is an online course, you must take a seated course in addition to the online course.
- Example 2. If you need only one course to graduate, and you have the choice to take a seated course or an online course, you must choose the seated course.

Advisor: The student named above is applying for an extension of their form I-20 to complete their program. Please provide the following information and recommendation.

This student is currently (please check the relevant box):
☐ in good academic standing  ☐ on academic warning  ☐ on academic probation

Reason additional time is needed to complete program requirements:
☐ Change in Major  ☐ Transfer credit issue
☐ Medical Reason  ☐ Needs to complete additional coursework
☐ Previously enrolled in the ESL Program, Haggerty English Language Program  ☐ Other: ____________________________

Completion Date:
Student’s anticipated completion date (mm/dd/yyyy): ____________________________

Number of credits student will need to take in order to complete program by the anticipated completion date: ______

I recommend that the above named student receive additional time to complete his/her program.

Advisor’s Name (please print): ____________________________

Advisor’s Signature: ____________________________

Department: ____________________________  Date: ____________________________

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