



**Application for F-1 Visa Program Extension**

**\*\*\*Please print a current copy of your unofficial transcript, which can be found on your MyBenU account\*\*\***

**FOR STUDENT TO COMPLETE**

Name of Student (Please Print): \_\_\_\_\_

Ben ID Number: B\_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Local Address: *Street City Zip* \_\_\_\_\_

Degree Program (circle one): Undergraduate Graduate Doctoral Other

- Major: \_\_\_\_\_
- I have currently completed \_\_\_\_\_ hrs of coursework at Benedictine (included courses in progress)
- I have \_\_\_\_\_ hrs remaining in my degree program

I request to have my Program Completion Date extended to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

- Academic Difficulty
- Medical Reasons (documentation required)
- Graduate students only: unexpected research problems
- Other Reason (explain required): \_\_\_\_\_

*\*Academic advisors note: students are only eligible for a program extension if you determine more time is needed to complete their program or there are extenuating, documented, medical circumstances. Common extensions include changes of major or research topic, adding a minor, or approved additional classes. Please contact the International Programs Office if you have any questions about this form, ext. 6354 or [ips@ben.edu](mailto:ips@ben.edu)*

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Request Approved **Yes NO**  
 Initial when complete: \_\_\_\_\_  
 File Documented: \_\_\_\_\_  
 SEVIS Record Updated: \_\_\_\_\_ New I-20 created for student: \_\_\_\_\_