

INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAI'I AT MĀNOA

2600 Campus Road, QLCSS 206, Honolulu, HI 96822 • Phone: (808) 956-8613
Website: www.hawaii.edu/issmanoa

Program Ext.
5 business days
processing

F-1 Program Extension Request

- Apply 15 to 30 days prior to the expiration of current I-20
- Complete F-1 Program Extension Request form; obtain recommendation and signature from Academic Advisor/Department Chair/Mānoa International Exchange (MIX) Coordinator.
- Log your request on ISS Website: <http://www.hawaii.edu/issmanoa/>
- Submit original request to ISS office.

Part A. To be completed by Student

Student's full name (LAST, First): _____

Completion date indicated on current I-20 (mm/dd/yy): _____

An extension of program on the I-20 does NOT extend the F-1 visa stamp in the passport. If your visa has expired, you are allowed to remain in the U.S., but you must apply for a new visa at a U.S. consulate the next time you depart the U.S. A visa cannot be renewed in the U.S.

Part B. To be completed by Academic Adviser or Department Chair

The international student whose name appears above wishes to apply for an extension of the time allocated to complete his/her program of study. Your approval will result in a visa document (I-20) valid until the new expected completion date.

1. The student is engaged in the following academic program:

Major: _____ Degree: _____

Revised expected completion date (mm/dd/yy): _____

2. The student is making normal progress towards his/her current degree in a fulltime program of study.

Yes No

3. This student has not yet completed the current program of study due to (please check all that apply):

Delay caused by a change in major field of study

Delay caused by a change in research topic

Delay caused by unexpected research problems

Delay caused by lost credits upon transfer to our school

No unusual delay. The original length of time to complete studies on the I-20 form was not reasonable for an average student in this program.

Other. Explain: _____

Academic Advisor/Department Chair/
Manoa International Exchange (MIX) Coordinator
Printed Name

Signature

Date

Department

Email

Telephone #

For ISS OFFICE USE ONLY: Receive Date: _____ Reviewed by: ____ DSO: ____ Completion Date: ____ Remarks: ____
 Passport I-20 Funding Applied, reason: _____