University of Idaho
International Programs

ALCP Extension of Time to Complete Program

Definition:
If a student is unable to complete the program by the completion date in #5 on the I-20 or #3 on the DS-2019, she/he must apply to extend the I-20 or DS-2019 until the program completion. An "Extension of Time to Complete Program" can be granted to students who have continually maintained F-1 or J-1 status and whose program completion has been delayed due to compelling academic or medical reasons.

Eligibility:
In order to be eligible for an "Extension of Time to Complete Program":

1. You must have continually maintained your F-1 or J-1 status and

2. Your delay must have been caused by compelling medical or academic reasons, such as documented illness, improper course level placement, etc.

When to Apply:
The student must apply for the extension **before** the program completion date on the I-20 or DS-2019 document. If the expiration date on the document has passed and an extension has not been requested, the student is in violation of status and may, in unique cases, apply for reinstatement.

Procedures:
To apply for an "Extension of Time to Complete Program" you must submit:

1. A completed Recommendation Form for Program Extension (page 2)

2. Financial Agreement for Issuance of I-20 or DS-2019

3. Updated Financial Documents

IPO will prepare a new I-20 or DS-2019 and authorize the extension for the appropriate period of time within 1 business day of receipt of all documentation.

Extension of Time to Complete Program
ALCP Coordinator's Recommendation

If you have any questions regarding this form, contact the IPO at (208) 885-8984.

This section to be completed by the student:

Name: _____

Address: _____
Street Address **City** **State Zip Code**

Telephone: _____

Email: _____

ALCP Level:

_____ Reading & Writing Skills
_____ Listening & Speaking Skills

This section to be completed by the ALCP Coordinator: The student named above is requesting an extension of stay in accordance with the regulations of the Department of Homeland Security. *The regulations allow for an extension for documented illness and bona fide academic reason* (delays caused by academic problems or suspensions are not acceptable). Please comment on the reason for additional time to complete program. If you require additional space please use the back of this form.

_____

_____

_____

Do you support the request for addition time to complete the program? ☐ Yes ☐ No

Expected ALCP Completion Date: _____

Coordinator Signature: _____ **Date:** _____