



# Midwestern Baptist Theological Seminary

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Kansas City, MO 64118

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## International Student Services – Program Extension Request Form

### Section A: To be completed by the student

*Requests for extension must be made before the student's I-20 expected graduation date. Requests made after the graduation date will require an application for reinstatement.*

Name: \_\_\_\_\_ / \_\_\_\_\_ MBTS Student ID# \_\_\_\_\_  
Family/Last Name First Name as shown on Passport

Current Address in U. S.: \_\_\_\_\_ City: \_\_\_\_\_  
(Include apartment number/ or campus P. O. Box Number)

State: \_\_\_\_\_ Zip: \_\_\_\_\_ MBTS Email Address: \_\_\_\_\_

### A student is eligible for F-1 Visa extension when:

1. Student is currently maintaining student status and making normal progress toward degree completion **and**
2. Student has a “compelling educational or medical reason that has resulted in a delay to their course of study.”  
(Delays caused by academic probation or suspension are not acceptable reasons for program extension) **and**
3. Student is able to, and in good faith intends to continue to maintain that status for the period for which the extension is granted.

### Section B: To be completed in full by the academic advisor

1. Reason for requested extension
  - Change of major
  - Change of thesis or dissertation research topic
  - Unexpected research problems
  - Documented illness (medical practitioner's letter must be attached or on file)
  - Other compelling academic reason: (e.g., the academic program requirements have been revised at the institution's discretion, which has extended the required length of study.) **Please write the reason below.**

2. Student's new expected completion date is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

*Doctoral students who are completing a dissertation must obtain extension approval from both the academic advisor and dissertation supervisor. If this is the same person, please note "same as above" in the Dissertation Supervisor's Signature line.*

I attest that I have completed the above information in full, and hereby recommend that the student be approved for an extension for the reason listed above.

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

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Dissertation Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_