

Shorten Program of Study Request

Instructions: Students are required to have current, accurate program dates on their I-20. Students who need to shorten their program end date on their I-20, must return this completed request to the Office of International Students (OIS). Please be sure to complete all the fields, including signatures.

Student E ID: E _____ **Phone number:** (_____) _____

Student First Name: _____ **Last Name:** _____

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**To be completed by the Academic Advisor in the student's designated college:**

I certify that the student named above is expected to complete his/her \_\_\_\_\_ degree (level) in \_\_\_\_\_ (field) in the Department of \_\_\_\_\_ by the end of the \_\_\_\_\_ (semester/year) term.

**Advisor's Name:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

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To be completed by the Student:

I, _____, understand this form allows the OIS to shorten the program on my I-20, indicating that I will finish my program of study per the semester indicated above. I understand that after my final program of study, my options are:

1. Apply for Optional Practical Training (OPT)
2. Begin a new degree program at EMU
3. Transfer to another U.S. institution for a _____ degree
4. Change to another visa status, or
5. Leave the country within 60 days of my program end date.

Please circle the number of the option you are currently planning to choose.

Student Signature

Date