

University of La Verne

EXTENSION OF STAY REQUEST FORM

Completed by the student

Family Name: _____ First Name: _____

Student ID: _____ SEVIS Number: _____ Phone: _____

Current Address: _____

La Verne Email: _____ Personal Email: _____

Completed by the student's Academic Advisor

This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the USCIS. The foreign student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study. This form is to be endorsed by the academic advisor and returned to the Office of International Services and Engagement.

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

Degree: Bachelors Masters Doctorate Major: _____

Number of credits required for degree: _____ Credits accumulated to date: _____

Anticipated Completion Date: _____ Completion Date on Current I-20: _____

Ph. D. Students:

Date of Candidacy Exam: _____ Date of Comprehensive Exam: _____

2. Is this student making normal progress towards his or her current program? Yes No

3. Do you recommend this student be given additional time to continue their program? Yes No

4. 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 topic
- Delay caused by unexpected research problems
- Delay caused by lost credits upon transfer to our school
- No usual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
- Other: _____

Academic Advisor: _____ Signature: _____

Email: _____ Date: _____

Completed by the International Student Advisor

International Student Advisor: _____ Date: _____

Office of International Services and Engagement

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