

EXTENSION OF STAY REQUEST FORM

An F-1 student who is maintaining status and making normal academic progress but is unable to complete the program by the program end date listed on the Form I-20, must apply for a program extension before the program end date. Program extensions cannot be requested after the program end date has passed. Delays caused by academic probation or suspension are not acceptable reasons for a program extension. These requirements are governed by U.S. regulation 8 CFR § 214.2(f)(7)(iii). The completed form must be submitted to the Office of International Services and Study Abroad.

COMPLETED BY THE STUDENT

Family Name: _____ First Name: _____

Student ID: _____ SEVIS Number: _____ Completion Date on I-20: _____

Current Address: _____

Personal Email: _____ Phone: _____

I confirm that this information provided is true, complete, and accurate to the best of my knowledge. I understand that I am required to submit current financial documentation demonstrating sufficient funds to cover tuition and living expense for myself and any dependents, as applicable.

Student Signature: _____ Date: _____

COMPLETED BY THE STUDENT'S ACADEMIC ADVISOR

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

Degree: ☐ Bachelor ☐ Master ☐ Doctorate Major: _____

Total units required: _____ Credits accumulated to date: _____

Ph. D. Students: Date of Candidacy Exam: _____ Date of Comprehensive Exam: _____

2. Is this student making normal progress towards their current program? ☐ Yes ☐ No

3. Do you support this student's program extension? ☐ Yes ☐ No Anticipated Completion Date: _____

4. Why has this student not yet completed the current program of study? (please check all that apply)

- ☐ Medical circumstances.
- ☐ 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: _____