



EXTENSION OF STAY REQUEST FORM

➔To be completed by the student -----

Family Name: _____ First Name: _____

Student ID #: _____ SEVIS #: _____ Phone #: _____

Current Address: _____

La Verne Email: _____ Personal Email: _____

➔To be 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 Student Services.

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 (Please explain on the reverse side of this form)

Academic Advisor: _____ Signature: _____

Email: _____ Date: _____

➔To be completed by the International Student Advisor -----

International Advisor: _____ Signature: _____

Office of International Student Services

1950 Third Street, La Verne, CA 91750 • Email: OISS@laverne.edu

Phone: 909.448.4331 • Fax: 909.392.0713

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