For Use in Certifying:
EXTENSION OF PROGRAM

STUDENTS MUST SUBMIT THIS FORM AND ALL REQUIRED ACCOMPANYING DOCUMENTATION TO THE CENTER AT LEAST 2 WEEKS PRIOR TO THE EXPIRATION DATE OF THEIR CURRENT I-20 OR DS-2019.

To: Undergraduate Deans and Graduate Program Directors
From: Marcy Cohen, Director, Center for International Faculty and Student Services
Re: Academic Status of an International Student Seeking an Extension of Authorized Stay

Your assistance is required in evaluating an international student’s eligibility to extend his or her authorized period of stay, and to document compliance with SEVIS, the Department of Homeland Security’s (DHS) data tracking program. Please complete all sections below as appropriate.

Please note: only section I of this form should be completed by the student him/herself.

I. GENERAL INFORMATION - to be completed by the student

Student’s Name: ________________________________________ (last)       (first)
Student ID#_________________________________ Student’s phone # ____________________________
Student’s email _____________________________________________
☐ undergraduate student ☐ graduate student (if graduate, check one: ☐ master’s ☐ doctoral)
Student’s major: __________________ Student’s college/department/school: ____________

F-1 STUDENTS, PLEASE NOTE: DHS does not permit extensions due to delays resulting from academic probation or suspension. Students in this position may be eligible to apply to the DHS for reinstatement of status, but in any case should speak with their international student adviser in the Center.

II. REASON STUDENT NEEDS EXTENSION - to be completed by dean or grad director

Regulations stipulate students may be granted an extension of stay for “compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extensions.” (Note: medical reasons must also be documented by a licensed medical practitioner.) Please explain the “compelling academic or medical reasons” for this student’s need for an extension of stay beyond the original program ending date noted on his or her visa eligibility document.

________________________________________________________________________________________
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III. STUDENT’S CURRENT/ANTICIPATED ACADEMIC PROGRESS - to be completed by dean or graduate director

Regulations stipulate that all F-1 and J-1 students make “normal progress” towards their degree at all times.

A. Is the student named on the other side of this form considered to be making “normal progress” towards his/her degree (progressing at the rate expected of all other students in the same program who might face the same “compelling reasons” you have noted on the reverse side of this form?)

☐ Yes.
☐ No. (Please note that by checking no, you are indicating the student is not maintaining his/her legal status and is thus ineligible for a program extension.)

B. Please provide information on when this student reached, or is now reasonably expected to reach, each of the following stages of his/her academic program as noted:

< Completion of all coursework for the degree: (month/year) ________________
< Completion of all degree requirements (including defense, where applicable): (month/day/year) ________________
< Receipt of diploma dated (month/year) ________________

IV. VERIFICATION OF GRADUATE STUDENT FUNDING - to be completed by graduate program director

This student has a University assistantship or fellowship. Please detail:

☐ T.A. ☐ G.A. ☐ Fellowship ☐ Other (explain) ________________________________

Period of current funding: From __________ to __________ * (or Academic Year 20____ *)

Stipend for above period: ____________________ Tuition remission: __________%  

* If current funding ends prior to expected completion of degree requirements, will this student continue to receive University funding (barring significant unanticipated budget cuts)?

☐ Yes ☐ No

V. DEAN/GRADUATE PROGRAM DIRECTOR CERTIFICATION AND CONTACT INFORMATION

I certify that all information provided on this form is accurate to the best of my knowledge and judgment.

Dean or Graduate Program Director
Name__________________________________________________________

College or Graduate program______________________________________________

Signature__________________________________________________________________