

F-1 Extension of Stay Request



Washington University of Virginia

Section A of this form must be completed by the student. Section B must be completed by the academic advisor, faculty advisor or department head and returned to registrar's office.

Section A: Student information (TO BE COMPLETED BY THE STUDENT)

Name _____ <small>Last Family Name</small>	_____ <small>First Given Name</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB (mm/dd/yy) _____	Year of Admission _____	<input type="checkbox"/> Spring <input type="checkbox"/> Spring-Flex <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall-Flex <input type="checkbox"/> Winter
<input type="checkbox"/> Degree Program	<input type="checkbox"/> Non-Degree Program	
<input type="checkbox"/> ESL	<input type="checkbox"/> Undergraduate _____	<input type="checkbox"/> Graduate _____ <input type="checkbox"/> Doctor _____
Student ID No. _____	Contact Phone Number _____	
Program Start Date _____	Program End Date _____	
Extended Period _____	E-mail Address _____	
A student with F-1 immigration status is eligible for an extension of stay if:		
<input type="checkbox"/> The student applies for the extension prior to the program end date and		
<input type="checkbox"/> The student has continually maintained status and		
<input type="checkbox"/> The delay was caused by compelling academic or medical reasons (such as a change in major or research topics, unexpected research problems or documented illnesses)		

Section B: Academic advisor, Faculty advisor or Department head certification

Anticipated program completion date: _____		
Academic Reason for delay of program (compelling academic or medical reasons such as a change in major or research topics, unexpected research problems or documented illnesses):		

_____	_____	_____
<small>Signature</small>	<small>Print Name</small>	<small>Date</small>

International Office: _____ Date _____
Signature