

# F-1 Extension of Stay



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Student ID	Name	Program
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DOB (mm/dd/yy)	E-mail	Contact Number
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## Section A: Student information (TO BE COMPLETED BY THE STUDENT)

Program Start Date \_\_\_\_\_ Program End Date \_\_\_\_\_

A student with F-1 immigration status is eligible for an extension of stay if:

- The student applies for the extension prior to the program end date **and**
- The student has continually maintained status **and**
- 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)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

International Office: \_\_\_\_\_ Date \_\_\_\_\_  
Signature