

F-1 Extension of Stay



WASHINGTON UNIVERSITY of VIRGINIA

Student ID

Name

Program

DOB (mm/dd/yy)

E-mail

Contact Number

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):

Signature Print Name Date

International Office: _____ Date _____

Signature

Please submit the completed form to the registrar office of WUV via email: registrar@wuv.edu