

Extension of Program Request for F-1 students

Office use only
Initial _____
Date _____
ISRS _____
SEVIS _____

An F-1 student is eligible for extension of stay if:

1. The student applies to a Designated School Official (DSO) for the extension prior to the program end date
2. The student has "continually maintained status" and made normal progress towards his/her degree
3. The student can prove that the delay in completion is "caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses."

How to apply:

Meet with a CIS advisor once you obtain the following documents:

- o New original financial documents with the appropriate funds indicated below:
 1. Academic year extensions (Undergraduate: \$23,000; Graduate: \$18,000; IEC: \$18,500)
 2. Semester extensions (Undergraduate: \$11,500; Graduate: \$9000; IEC: \$9,250)
 3. Summer extensions (\$730/month plus amount of tuition and fees)
- *If you require a reduced course load left, only show funding for the remaining credits/fees plus living expenses
- o Completed Extension of Program Request Form

This portion to be completed by the student:

Name (Please Print): _____
(First) Middle Last

SEVIS ID#: N000 _____ SCSU ID#: _____

Local Address: _____

Local Phone Number: _____ E-mail address: _____

Current Program of Study (degree level and major): _____

- Have you ever had to repeat a course? ___ Yes ___ No
 Have you ever been granted a Reduced Course Load? ___ Yes ___ No
 Have you ever applied for Reinstatement? ___ Yes ___ No

By signing below, I certify that the above information is true and correct to the best of my knowledge.

(Signature) (Print) (Date)

This portion to be completed by the Academic Advisor:

Number of credits left to be completed: _____

Recommended New Program End Date: _____
(Month/Day/Year)

Please check the reason this student was unable to complete program:

- | | | |
|---|--|--|
| <input type="checkbox"/> Changed research topic | <input type="checkbox"/> Changed/Added major | <input type="checkbox"/> Medical reason |
| <input type="checkbox"/> Unexpected research problems | <input type="checkbox"/> Internship requirements | <input type="checkbox"/> Academic difficulty/ delays |

By signing below, I certify that the student is making normal progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons.

(Signature of Academic Advisor) (Date Signed)

(Name – Please Print) Academic Department (Phone)