EXTENSION OF STAY INFORMATION FOR STUDENTS IN F-1/J-1 STATUS
Extension of Stay for Students in F-1/J-1 Status

In order to receive an extension of your F-J-1 status, your department chair or academic advisor must complete the form entitled “Academic Advisor's Recommendation for Extension of Time Limitation for a Program of Study.” In addition, you must submit an updated statement of financial support. You will be issued an updated form I-2/DS-2019 once all the appropriate documents are received in ISA.

PLEASE NOTE: You must complete your extension of stay within a 30 day period prior to the expiration date on your current I-20/DS-2019. Under no circumstances should you allow your form I-20/DS-2019 to expire.
Academic Adviser's Recommendation
for
Extension of Time Limitation for a Program of Study

Student name: ____________________________________________

Student number/Empl ID: __________________________________

Date INS regulations expect student to complete studies: ________

Department Chair: This form is provided to facilitate the communication of certain information required by regulations of the U.S. Immigration and Naturalization Service (INS). Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the INS upon the student's current program of study. Any questions you may have can be directed to Barbara Whitt Jackson 266-4841. Please complete the form in full and return it to Barbara Whitt Jackson at the address on this letterhead. Thanks for your assistance.

1. Has this student been continuously enrolled for a full course of study? □ Yes □ No
2. This student will complete requirements for his/her current program on or about: ________
3. This student has not yet completed the current program of study due to (please check all reasons which apply):

   □ Delay caused by a change in major field of study.
   □ Delay caused by a change in research topic.
   □ Delay caused by unexpected research problems.
   □ Delay caused by lost credits upon transfer to our school.
   □ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
   □ Other (please explain on the reverse side of this form)

I therefore recommend that this student be allowed additional time to complete studies.

Academic adviser's signature: ____________________________________________
Name and title (please print): ____________________________________________
Department (please print): ____________________________________________
Date: ____________

**If student is receiving a graduate assistantship/tuition waiver, please indicate amount: _________________.**