

OFFICE OF INTERNATIONAL STUDENT SERVICES

386-226-6579

FAX: 386-226-7920

EXTENSION OF PROGRAM

STUDENTS MUST SUBMIT THIS FORM AND ACCOMPANYING FINANCIAL DOCUMENTATION TO THE OFFICE OF INTERNATIONAL STUDENT SERVICES (ISS) NOT LESS THAN 15 DAYS PRIOR TO THEIR CURRENT I-20 OR DS-2019 EXPIRATION DATE.

To: Academic Deans
From: Judy Assad, Director, International Student Services
Re: Academic Status of an International Student seeking an Extension of Authorized Stay

Your assistance is requested in evaluating an international student's eligibility to extend his or her authorized period of stay and to document compliance with SEVIS, the Department of Homeland Security's (DHS) data tracking program. Please complete section B.

A. To be completed by student

Student's Name _____ Student ID# _____ Sevis # _____

Student's e-mail address _____ Student phone # _____

Degree: undergraduate _____ graduate _____ Credits accumulated to date _____

Anticipated Completion date _____ Expiration date on I-20 _____

B. To be completed by Academic Dean

The student has not yet completed the current program of study due to a compelling academic or medical reason:

Semester Requested _____ Intended number of Credits for Registration _____

- Delay caused by a change of major/field of study.
- Delay caused by unexpected research or change in research topic.
- Delay caused by a medical condition.
- Other-Please specify _____

I recommend and endorse the student be allowed additional time to complete his/her course of study.

Academic Dean _____ Date _____