



**INSTRUCTIONS FOR F-1 OR J-1 STUDENTS:**

Submit this form if you will not complete your current degree by the date indicated on your SEVIS I-20 or SEVIS DS-2019. After you complete the first part of this form, ask your academic advisor to complete the certification section. Based on the information provided by your academic advisor, we will extend your SEVIS document to reflect your new program completion date. Please be advised that delays in program completion caused by academic probation or suspension (unless connected to an authorized exception to the full course of study requirement) are not acceptable reasons for program extension.

When submitting this form to the OISS, you will also need to submit original financial documents dated within the last 6 months to show that you and/or a sponsor have sufficient funds to cover tuition and living expenses for the additional time you will need to complete studies (calculated at tuition + \$1500 per month living expenses).

**NOTE:** This form, along with original financial documents dated within the last 6 months, must be submitted to the OISS **BEFORE the current program completion date** listed on your current I-20 or DS-2019. Failure to do so will result in a violation of your F-1/J-1 status, as we cannot take action to extend your I-20 or DS-2019 once the end date has passed.

Student Name: \_\_\_\_\_  
Last Name First Name

Student ID Number: \_\_\_\_\_

Current Degree Objective: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

**\*\*\*\*\* CERTIFICATION SECTION \*\*\*\*\***

**INSTRUCTIONS FOR ACADEMIC ADVISOR:**

International students in F-1 and J-1 status are required to maintain a full-time course load during each fall, winter, and spring quarter to make satisfactory progress toward completion of the degree objective. The student named above has indicated that her/his expected completion date has changed. In order to assist this student in complying with U.S. immigration regulations, we request the following information from you:

Estimated Date of Completion: \_\_\_\_\_

Reason for Change in Expected Completion Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check as appropriate:

- Student must complete \_\_\_\_\_ credit hours to satisfy degree requirements.
- Student has completed all course work for the degree and is currently conducting research/writing for a thesis/dissertation.

\_\_\_\_\_  
Signature of Academic Advisor Name (print) Date

**\*\*\*\*\* FOR OFFICE USE. DO NOT WRITE BELOW \*\*\*\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_