Request for a Program Extension for Students in F1 Status

Introduction
» This form is designed for students in F1 status. It provides you with a basic understanding of:
  ● The limitations placed by U.S. immigration regulations upon the length of time you may be enrolled in a program of study, and
  ● The procedures you must follow if you need additional time to complete your program’s requirements.

Duration of Status
» You have been admitted to the U.S. for D/S, or “duration of status,” which is defined as:
  ● The time during which you are pursuing a full course of study and making normal progress toward completing your studies, and
  ● The time you are permitted to work on optional practical training (OPT) after completion of your studies, and
  ● Sixty (60) days to depart the U.S. after completing your program of study/OPT.

Limits placed on Duration of Status
» Your expected date of completion is listed in item 5 on your I-20. This is the date by which you are expected to complete your current program of study.

» If you are unable to complete your program of study by this date, you must come to the OIP to request a program extension before your end-date. If you come after your program end-date has passed, you will be out of status and will have to either apply for reinstatement or depart the U.S.
  ➢ Exchange students are not eligible for a program extension because you are not completing a degree program.

Eligibility for Program Extension
» You are eligible to apply for a program extension if:
  ● Your program completion date has not yet passed, and
  ● You have been maintaining your F1 status, and
  ● You need more time because of compelling academic reasons, such as a change of major or unexpected health problems, which have delayed progress towards completing your degree.

» NOTE: Delays caused by academic probation or suspension are NOT acceptable reasons for program extension!

Applying for a Program Extension
» Please complete the following section of this form, then visit your academic advisor and ask him/her to complete the second section. The Office of International Programs cannot proceed with a program extension until we have received this form, completed, and documentation from you (the student) showing sufficient financial capability to cover the amount of time requested in the extension.

To be completed by the student

Last Name: _______________________________ First Name: _______________________________
Student ID number: ______________________ Program of study: _______________________
Date of expiration on current I-20: ___________ Financial documents provided: □ Yes □ No
To be completed by the student’s Academic Advisor of record

This form is provided to facilitate the communication of certain information required by U.S. Federal Immigration regulations. Students in F1 status are required to provide this form, completed, in order to qualify for the program extension needed to complete their program of study. If you have any questions about these requirements, or have any questions about this form or the procedure of program extension, please do not hesitate to contact the Office of International Programs at ext. 6048 or iss@felician.edu.

1. To the best of your knowledge, has this student been placed on academic probation or suspension during his/her studies at Felician College? □Yes □No

2. To the best of your knowledge, this student will complete his/her current program of study and be eligible for graduation by the end of ___________________________ .

3. This student has not yet completed his/her current program of study due to:
   □ Delay caused by a change in his/her major field of study
   □ Delay caused by documented medical problems
   □ Delay caused by a change in research topic (graduate students only)
   □ Delay caused by unexpected research problems (graduate students only)
   □ Other (please supply a letter of explanation with this form)

I therefore recommend that this student be allowed additional time to complete his/her studies at Felician College.

Advisor’s name (please print): __________________________________________________________
Title: __________________________________________________________
Department: __________________________________________________________
Advisor’s signature: __________________________________________________________
Today’s date: __________________________________________________________

For Office of International Programs use:

Student’s Program of Study: □ Undergraduate □ Graduate
Extension Requested: □ One semester □ Two semesters
Financial capability required per semester of study: ________________________________
Total financial capability required for duration of program extension: __________________
Student has demonstrated sufficient financial capability for extension: □Yes □No
Program extension granted: □Yes □No
If yes, date granted: ________________________________
If no, reason for refusal: ________________________________