Extension Request for F-1 Graduate Student

The U.S. Citizenship & Immigration Services (USCIS) requires that you finish your program by the program end date listed on your I-20. If you will not complete your program by the expected completion date, you must file for an extension **BEFORE the end date on your current I-20.** Failure to file a timely application will result in a loss of F-1 status. Forgetting to apply for the extension is not an acceptable reason for reinstatement. **You should apply for an extension with the ISSS Office at least 30 days before your program completion date.** Co-terminal students should use this form to apply for an extension to their I-20.

To be eligible for an extension of stay you must:

- Have continually maintained full-time F-1 status, **AND**
- Have compelling academic or medical reasons cause the delay in completion.

For Example:

1. Change of major or research topic
2. Unexpected research problems
3. Loss of credits upon transfer to Rensselaer
4. Documented illness

*Please Note:* Delays due to academic probation or suspension do not qualify for extension. In this case you would have to apply for a reinstatement.

To apply for an extension, please submit the following to the ISSS Office:

1. Completed request form with all required approvals (see reverse page)
2. Financial support for the additional time requested.

**Note:** This support must be an original, paper document. If you have an electronic statement, please ask your bank to stamp or sign the document to verify its authenticity. Foreign accounts are acceptable as long as the holder of the account and available balance are clearly outlined. If your family will be financially supporting you they should provide a signed letter with their proof of funding attesting that they agree to support you. You can calculate the funds required from the “estimated average cost of attendance” section on your I-20. You may use multiple accounts/sources as long as the cumulative total meets the minimum required.

Name:___________________________________________

RIN:_________________________________E-mail:_____________________________

Local Address:________________________________________________________

Phone: ______________________________

Degree Pursuing: Master’s PHD Graduate Program:__________________________

Are you a co-terminal student? Yes No

Over →
Graduate School Recommendation for
Extension of F-1 Graduate Student’s Program of Study

Student’s Name: _________________________________ RIN: _________________________________

This form is provided to facilitate the communication of certain information required by U.S. Citizenship & Immigration Services. Its completion is necessary for a student in F-1 status to request an extension to the time limitation placed by USCIS upon the student’s current program of study. Please complete this form in full and return it to the student.

1. This student is expected to complete requirements for his/her program by: _______________.
   - Verified by Graduate School (Please Initial) ______

2. This student has not yet completed the current program of study due to (please respond to all reasons, which apply):
   ____Delay caused by a change in major field of study from ___________ to ___________
   ____Delay caused by admittance into the co-terminal program
   ____Delay caused by a change in research topic from ____________________________
     to ______________________________________________________________________
   ____Delay caused by unexpected research problems. Explain: __________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
   ____Delay caused by lost credits upon transfer to Rensselaer
   ____Other. Explain: __________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________
     ______________________________________________________________________

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

Advisor’s Name and Title: __________________________________________________________________
Advisor’s Signature: ___________________________ Date: __________

Program Director’s Name and Title: __________________________________________________________________
Program Director’s Signature: ___________________________ Date: __________

Graduate Dean Name & Title: __________________________________________________________________
Graduate Dean Signature: ___________________________ Date: __________