

Extension of Time to Complete Program

Definition:

If a student is unable to complete the program by the completion date in #5 on the I-20 or #3 on the DS-2019, she/he must apply to extend the I-20 or DS-2019 until the program completion. An "Extension of Time to Complete Program" can be granted to students who have continually maintained F-1 or J-1 status and whose program completion has been delayed due to compelling academic or medical reasons.

Eligibility:

In order to be eligible for an "Extension of Time to Complete Program":

1. You must have continually maintained your F-1 or J-1 status and
2. Your delay must have been caused by compelling medical or academic reasons, such as documented illness, changes in major or research topic, or unexpected research problems.

When to Apply:

The student must apply for the extension **before** the program completion date on the I-20 or DS-2019 document. If the expiration date on the document has passed and an extension has not been requested, the student is in violation of status and may, in unique cases, apply for reinstatement.

Procedures:

To apply for an "Extension of Time to Complete Program" you must submit:

1. A completed "Academic Advisor's Recommendation Form for Program Extension" completed by you and your Academic Advisor (on the back of this page)
2. Financial Agreement for Issuance of I-20 or DS-2019
3. Updated Financial Documents
4. Updated insurance coverage for the length of time your program is extended.

IPO will prepare a new I-20 or DS-2019 and authorize the extension for the appropriate period of time within 1 business day of receipt of all documentation.

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Academic Advisor's Recommendation

If you have any questions regarding this form, contact the IPO at (208) 885-8984.

This section to be completed by the student:

Name: _____ DOB: _____

Address: _____
Street Address City State Zip Code

Telephone#: _____ Email: _____

Degree in Progress: _____ Major: _____

I have extended valid and appropriate medical insurance coverage for 1 year or until the program end date on my I-20 for myself and my dependents: Yes No

Neither I nor any member of my family has violated the conditions of our visa status. I verify that, to the best of my knowledge, all information provided on this form is current and accurate.

Signature: _____ Date: _____

This section is to be completed by the academic advisor: The student named above is requesting an extension of stay in accordance with the regulations of the Department of Homeland Security. *The regulations allow for an extension for documented illness and bona fide academic reasons, such as a change of major or research topics and unexpected research problems* (delays caused by academic problems or suspensions are not acceptable). Please comment on the reason for additional time to complete program. If you require additional space please use the back of this form.

Do you support the request for addition time to complete the program? Yes No

Please specify any funds that the student receives from your department (i.e. please list salary amount, out-of-state tuition waiver, registration fees, or health insurance fees):

Dates of the funding: _____ Expected Degree Completion Date: _____

Signature: _____ Date: _____

Name and Title (please print): _____

Department: _____