

If you are in F-1 or J-1 student status, you have been granted permission to stay in the U.S. for “D/S,” which stands for “Duration of Status.” This means that you have permission to stay in the U.S. until the expiration date on your Form I-20 or the completion of your program of study, whichever comes first, plus a 60 day grace period (in addition to any authorized period of optional practical training or academic training after completion of a program). You must be pursuing a full course of study and making normal progress towards completing the course of study indicated on your Form I-20. If you are not going to be able to finish your program by the end date on your Form I-20, you must apply for an extension of stay in order to remain in lawful status. Extensions may only be authorized if the reason for the delay satisfies the lawful requirements for an extension as set forth in the U.S. immigration regulations. Please remember that students in F- status are not allowed to work after the expiration date on their Form I-20 (including on-campus employment) without additional work authorization (OPT).

TO APPLY FOR AN EXTENSION, SUBMIT THIS FORM TO THE OFFICE OF INTERNATIONAL SERVICES (OIS) NO LATER THAN 30 DAYS BEFORE THE EXPIRATION DATE ON YOUR FORM I-20

Instructions

Complete Section A, then have your academic advisor complete Section B summarizing the reason for the academic program extension, and submit the required supporting documentation.

Any forms sent incomplete will not be processed. OIS will review your request within two weeks (10 business days) once they are complete. If you qualify for an extension, you will be notified by email when the new Form I-20 is ready. If you have any additional questions and/or concerns, please do not hesitate to contact the OIS at 210-567-6241 or send an e-mail to international@uthscsa.edu.

Please submit the following documents to OIS with your Program Extension Request Form

- Financial support documentation – If funding is not provided by UTHSCSA additional proof of funding must be submitted with this application. This requirement can be fulfilled by submitting the following:
 - Official Bank Statement printed on bank’s letterhead including the account holder’s name, the current balance, and the length of time the account has existed. *If the Bank Statement is not under the applicant’s name, an additional letter from the person who will be financially supporting the student demonstrating their willingness and ability to provide adequate support is required.*
 - Official Award Letter from another source such as a scholarship, grant, etc.
- Copy of immigration documents – *only if you have a new passport or visa stamp*
- Medical Insurance Statement of Compliance
- Copy of Enrollment Verification from UTHSCSA’s Registrar’s Office

F-1 PROGRAM EXTENSION REQUEST FORM

A. To be completed by student

Name (LAST, First Middle)

SEVIS ID

U.S. Address

Phone number

E-mail address

B. To be completed by Academic Advisor

This form is provided for your convenience and is designed to facilitate the communication of certain information required by immigration regulations. The foreign student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study stated on the Form I-20. Please complete the form in full and return to the student for submission to OIS. **Academic probation or suspension are not acceptable reasons for delay.**

1. The student is engaged in the following academic program: _____

Degree sought BS MA MD PhD Other: _____

2. Is this student making normal progress towards his or her current degree? Yes No

3. Do you recommend this student be given additional time to continue his/her program of study? Yes No

4. This student has not completed the current program of study due to:

- A change in major field of study
- A change in research topic
- Unexpected research delays
- Credits lost upon transfer to our school
- Medical problems
- Other (please explain below)

5. Requested end date for extension of Academic program (MM/DD/YYYY): _____

(extensions can only be issued for one calendar year at a time)

Signature of Academic Advisor

Date

Name of Academic Advisor

E-mail address

Phone No.