

EXTENSION OF STAY FORM

ATTENTION STUDENTS: Please return this form to the International Programs office with an Unofficial Transcript. Please attach a financial affidavit and bank letter.

To be filled out by Student:

Student's Name: _____
Last name First Name

CSUCI ID #: _____ SEVIS Number: _____

Major: _____ Graduation Date: _____

E-mail address: _____ Date of Birth: _____

Local Address: _____

Home Country Address: _____

To be filled out by academic advisor: This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of Citizenship and Immigration Services (USCIS). Its completion is necessary for a foreign student in F-1 status to apply for an extension of the time limitation placed upon the student's current program of study. If you have any questions, please contact the International Programs office. Thank you for your assistance.

The above named student needs additional time until _____ to complete
(Expected graduation date)

the requirements for his/her degree because of:

- ☐ Medical reasons (documentation from the Student Health Center or Private Doctor required)
- ☐ Change of major
- ☐ Change in research topic (graduate students)
- ☐ Unexpected research problems (graduate students)
- Other _____

The student needs to extend his/her graduation date due to reasons beyond his/ her control. I therefore recommend that this student be allowed additional time for completion of studies.

Name & Title (please print): _____

Name & Title (please print): _____

Advisor's Signature: _____ Date: _____