

INTERNATIONAL STUDENT & SCHOLAR SERVICES

University of Connecticut 2011 Hillside Road, Unit 1083; Storrs, CT 06269 Phone: 860-486-3855 Fax: 860-486-5800
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PROGRAM EXTENSION FOR F-1 & J-1 INTERNATIONAL STUDENTS

International students with F-1/J-1 visas are required to finish their academic programs by the program completion date listed on the Form I-20/DS-2019. If you are not able to complete your degree by that date, you must contact International Student and Scholar Services (ISSS) to extend your program **at least one month before the program end date listed on your Form I-20/DS-2019.**

In order to obtain a program extension, you must show that you have made normal progress toward completing your degree and that your extension is needed for compelling academic or medical reasons, such as a change in major or research topic, unexpected research problems, or a documented illness. Delays in completing your program caused by academic probation of studies or suspension are not acceptable reasons for extension of stay.

If you fail to extend your I-20/DS-2019 before the current program completion date, or you do not meet the eligibility requirements to apply for a program extension, your F-1/J-1 status will be in jeopardy. In that case, please make an appointment with your ISSS advisor for more information.

Submit the following to ISSS at least one month before your I-20/DS-2019 program end date:

1. **This form**, completed with your academic advisor. Your academic advisor must answer **all** questions in Section B of the form.
2. **Full time enrollment verification**, which you request from the UConn Registrar (regional campus students with no Registrar office may call the Storrs campus registrar to have this mailed)
3. **Current proof of financial support documents** for the requested extension period (see <http://iss.uconn.edu/students/newstudents/financial-declaration-form/> for the estimated costs of your program and examples of acceptable financial documents).
4. **Graduate Students with GA/RA/TA**: Copy of your offer letter for period of extension.
5. **For J-1 students only**: J-1 Exchange Visitor Medical Insurance Confirmation Form: http://iss.uconn.edu/wp-content/uploads/sites/76/2014/10/ISSS_224_J-1_Medical_Insurance_Requirements.pdf

SECTION A: To be completed by student

Name: _____ UConn ID: _____
Family name First Name

Date of Birth: _____ Local Address _____
(mm/dd/yyyy)

Phone Number _____ Email Address _____

Degree Sought/Program: Bachelor's Master's Doctorate UCAELI
 Certificate Exchange Student Other (specify): _____

Current visa status: F-1 J-1

Graduate Students Only: Will you have a GA/RA/TA during the requested extension period? Yes No

For J-1 students only: Have you applied for a waiver for 212(e) requirement? Yes No N/A
Have you received a waiver for 212(e) requirement approval? Yes No

**If yes, please provide a copy of approval/No-Objection Letter.*

SECTION B: To be completed by Academic Advisor:

This form is required to evaluate whether the student meets visa eligibility requirements to extend their stay in the U.S. for the purpose of completing the degree. **A program extension can be granted for a maximum period of one year.** Please complete **ALL** questions on the form.

A. The student is enrolled in the following academic program.
Degree Level: _____ Major _____

B. Expected Program Completion Date (new program end date for Form I-20)

If student has GA/RA/TA, ISSS will in most cases use either date indicated below, or contract end date of GA, whichever comes later, to allow for completion of GA duties which are defined as part of the academic program.

If Plan A Master's or PhD student:

When will/did this student submit thesis/dissertation to Graduate School? ____/____/____
mm dd yyyy

If Bachelor's, Plan B Master's, Non-Degree or UCAELI:

Student will complete degree at end of Fall/Spring/Summer term (**circle one**) in year: _____.

If Plan B Master's with final exam offered only after last semester of coursework, date of exam: ____/____/____
mm dd yyyy

C. Is the student listed above making normal progress in his/her current program? Yes No
(If no, student may not be eligible for a program extension)

D. Do you recommend this student be given additional time to continue his/her studies? Yes No

E. This student has not yet completed the current program of study due to the following reasons:

- | | |
|---|---|
| <input type="checkbox"/> Delay caused by a change in major field of study | <input type="checkbox"/> Delay caused by lost credits upon transfer to UConn |
| <input type="checkbox"/> Delay caused by adding a secondary major/a minor | <input type="checkbox"/> Delay caused by a previous leave of absence |
| <input type="checkbox"/> Delay caused by a change in research topic | <input type="checkbox"/> Delay caused by a medical reason |
| <input type="checkbox"/> Delay caused by unexpected research problems | <input type="checkbox"/> UCAELI Only: Need more time to reach the desired proficiency level |
| | <input type="checkbox"/> Exchange Students Only: Student approved to study for additional semester. |

- The original length of time given to complete studies was not reasonable for an average student in this program.
 Other (be specific and explain in detail): _____

F. What will the student be working on during the period of extension?

Required Coursework (list course numbers): _____

Thesis/Dissertation Research (describe what remains to be completed): _____

Full time UCAELI or Exchange Student coursework

Academic Advisor's Name: _____ **Email:** _____

Signature: _____ **Date:** _____