

F-1/J-1 Student Extension of Stay Request

A student in the F-1 immigration status is eligible for an extension of stay if:

- The student applies for the extension prior to the program end date **and**
- The student has continually maintained status **and**
- The delay was caused by compelling academic or medical reasons (such as a change in major or research topics, unexpected research problems or documented illnesses).

Please note that requests for an extension of stay caused by academic probation or suspension cannot be approved.

SECTION A AND B OF THIS FORM MUST BE COMPLETED BY THE STUDENT. SECTION C MUST BE COMPLETED BY THE ACADEMIC ADVISOR, FACULTY ADVISOR OR DEPARTMENT HEAD AND RETURNED TO THE INTERNATIONAL STUDENT AND SCHOLAR OFFICE (ISSO) IN A SEALED ENVELOPE.

SECTION A: STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Name of Student (first & last): _____

SEVIS ID Number: N _____ NU ID Number: _____

Date of Birth (mm/dd/yyyy): _____ E-mail Address: _____

SECTION B: FINANCIAL CERTIFICATION (TO BE COMPLETED BY THE STUDENT)

Financial support for the student and any accompanying dependents must be documented. Reference the ISSO website for current financial requirements. The funds to cover the entire period for which this extension of stay is requested will be provided as follows:

- | <u>Source</u> | <u>Amount</u> |
|---|---------------|
| <input type="checkbox"/> Personal Funds (please attach documents in English on financial institution letterhead and with a bank employee's signature): | _____ |
| <input type="checkbox"/> Departmental Assistantship (please attach a copy of assistantship letter): | _____ |
| <input type="checkbox"/> Other funds (please attach documents in English on financial institution letterhead and with a bank employee's signature. Your sponsor will also need to complete a financial certification form): | _____ |
| <input type="checkbox"/> Total Amount: | _____ |

SECTION C: ACADEMIC ADVISOR, FACULTY ADVISOR, OR DEPARTMENT HEAD CERTIFICATION (TO BE COMPLETED BY ACADEMIC ADVISOR, FACULTY ADVISOR OR DEPARTMENT HEAD)

New anticipated program completion date: _____
 Reason student was not able to complete academic program within expected amount of time (compelling academic or medical reasons such as a change in major or research topics, unexpected research problems or documented illnesses): _____

Academic Advisor/Faculty Advisor/Department Head Signature	Printed Name	Date
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E-mail	Phone
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