

# INTERNATIONAL STUDENT & SCHOLAR SERVICES

University of Connecticut ☎ 2011 Hillside Road, Unit 1083; Storrs, CT 06269 ☎ Phone: 860-486-3855 ☎ Fax: 860-486-5800

☎ Web: <http://www.iss.uconn.edu> ☎ [international@uconn.edu](mailto:international@uconn.edu)

## 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](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/DS-2019)**

*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.*

Option 1: \_\_\_\_\_

Student will/did graduate at end of Fall/Spring/Summer term (circle one) in year: \_\_\_\_\_.

Option 2: \_\_\_\_\_

Graduate student will seek an Alternate Completion Date.

Expected date of degree completion/date student completed degree: \_\_\_\_/\_\_\_\_/\_\_\_\_

Option 3: \_\_\_\_\_

Graduate student will complete final semester early due to enrollment in one or more Flex Courses.

Last day of flex course: \_\_\_\_/\_\_\_\_/\_\_\_\_

Option 4: \_\_\_\_\_

Student is in a Plan B Master's program with exam degree requirement; exam offered only after last semester of coursework.

Date of exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

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:

☐ Delay caused by a change in major field of study

☐ Delay caused by adding a secondary major/a minor

☐ Delay caused by a change in research topic

☐ Delay caused by unexpected research problems

☐ Delay caused by lost credits upon transfer to UConn

☐ Delay caused by a previous leave of absence

☐ Delay caused by a medical reason

☐ UCAELI Only: Need more time to reach the desired proficiency level

☐ 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: \_\_\_\_\_