Office of Global Engagement
F-1 Program Extension

F-1 students are admitted to the United States for “duration of status” (D/S). Duration of status means that the student is maintaining status and making normal progress toward completion of his/her educational objective.

An F-1 student who does not expect to complete his/her educational objective by the program end date noted on the student’s I-20 (see #5 on I-20), must apply for an extension within an immigration advisor 30 days prior to the program end date to maintain legal status in the U.S. Students who fail to maintain status must complete departure form and leave the country immediately.

Who is eligible for an Extension of Stay?
An F-1 student who:
1. Continually maintained status
2. Has a compelling academic or medical reason for not completing the educational objective by the program end date on the I-20. A “compelling academic or medical reason” may include a change of major research topic, unexpected research problems, or a documented illness.

How do I apply for an Extension of Stay?
☐ Make an appointment with an immigration advisor and bring the following documents:
  o Completed attached extension form
  o All prior I-20’s
  o Passport
  o Visa
  o I-94
  o Proof of funding (Contact Global Engagement for breakdown)
    ▪ Any of the following are acceptable:
      • Bank statement in your name
      • Bank statement of a family member, and a signed affidavit of support: https://study.usu.edu/requirements/ISS-AffidavitofSupport_2015-16-Fillable.pdf
      • Proof of department or USU funding such as; assistantship and/or tuition waiver from your department. This can be proven by obtaining a letter on USU department letterhead indicating the amount and the period of time it is available.
Office of Global Engagement
Request for Extension of Stay

Date
Name
Local Address
A Number
Birth Date
Phone Number
Email

Major
I-20 Expiration Date

Please explain the reason for the need of Extension:

Possible reasons may include:
- Illness (must be accompanied by a doctor’s letter)
- Academic Reason (provide valid academic reason as to why student’s program was not completed in the allotted time)
- Change of Major
- Unexpected Research problems

Expected date of completion: __________ (Month/Year)

Advisor/Supervising Professor's

Name: ____________________________
Signature: ________________________ Date: __________

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