



SEVIS Record Extension Request Form

Valdosta State University

Center for International Programs

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Instructions for Student:

- Fill the top part of the form, and ask your academic advisor to fill out the field labeled for them.
- Submit an updated Certificate of Finance (available on the ISS forms page) if asking for an extension of 2 or more semesters along with this form.
- Submit the completed form with supporting documents for an extension at least 30 days before the end date on your form I-20.

Eligibility for SEVIS Record Extensions:

8 C.F.R. § 214.2(f)(7)(iii): An F-1 student who is unable to meet the program completion date on the form I-20 may be granted an extension by the DSO if ... the student has continually maintained status and that the delays are caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extensions.

REQUESTING STUDENT'S INFORMATION - TO BE FILLED OUT BY STUDENT

LAST NAME	FIRST/GIVEN NAME	VSU ID #
DEGREE SOUGHT	PRIMARY MAJOR	SECONDARY MAJOR
VSU EMAIL		MINOR
SEVIS ID #	CURRENT PROGRAM END DATE	

REASON FOR EXTENSION

- Academic Reasons Please specify reason(s): _____
- Medical Reasons (*Please provide documentation, ex. letter from your doctor stating why you would need more time, what their recommendation is, etc.,*)

Please answer the following, and note that summer semesters are counted in the extension request. Ex. Program End Date is May 9, 2015, and you request an extension for 1 semester. Your SEVIS record would be extended to the end date of the summer semester: August 2, 2015.

I would like to request an extension for 1 Semester 2 Semesters 1 Year

This is the First Time not the first time I've requested an extension.

If not the first, how many times have you previously requested an extension? _____

ACADEMIC ADVISOR'S RECOMMENDATION

Please explain below the student's academic circumstances, the reason(s) they need additional time to complete their degree program and how much time do you think they will need to complete their studies. If this is not the student's first time requesting an extension, please let us know if they are making normal progress towards completion of their program.

Academic Advisor's Name

E-mail

Signature

Date Signed