F-1 Extension of Stay

WASHINGTON UNIVERSITY *of* VIRGINIA

Student ID	Name	Program
DOB (mm/dd/yy)	E-mail	Contact Number

Section A: Student information (TO BE COMPLETED BY THE STUDENT)

Program Start Date _____ Program End Date _____

A student with 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)

s-Signature: /s/_____**(Enter as: /s/ your Full Name) Date:**_____ (MM/DD/YYYY)

Please indicate the name in the signature field in the form of **/s/[Signer's Name]**. Typing a name after /s/ signifies agreement with the sSignature. When signed in the form of /s/ [Signer's Name], it holds the same legal effect as a handwritten signature under the Electronic Signatures in Global and National Commerce Act (ESIGN Act) and the Uniform Electronic Transactions Act (UETA).

Section B: Academic advisor, Faculty advisor or Department head certification

Anticipated program completion date: _____

Academic Reason for delay of program (compelling academic or medical reasons such as a change in major or research topics, unexpected research problems or documented illnesses):

_____

_____

_____

_____

s-Signature: /s/_____**(Enter as: /s/ your Full Name) Date:**_____ (MM/DD/YYYY)

Please indicate the name in the signature field in the form of **/s/[Signer's Name]**. Typing a name after /s/ signifies agreement with the sSignature. When signed in the form of /s/ [Signer's Name], it holds the same legal effect as a handwritten signature under the Electronic Signatures in Global and National Commerce Act (ESIGN Act) and the Uniform Electronic Transactions Act (UETA).

International Office: _____ Date _____

Signature