



Extension of Stay

F-1 students unable to complete studies by the date listed on the I-20 must file for an extension of stay. This extension is necessary to maintain lawful status. Extension request documentation should be turned in to the Office of International Programs at least two weeks prior to the expiration date listed on the I-20.

Eligibility:

- Must have continually maintained status
- Compelling academic or medical reasons such as change of major or research topic, unexpected research problems or documented illness must be the reason for the delay in program completion

Required Documents

- I-20 Extension Recommendation Form
- Evidence of sufficient funding
Please refer to the Affidavit of Financial Support for the estimated costs of attendance. If the extension is for one year, support for the year must be shown. If the extension is for a shorter period, resources for only the costs of that time period need to be shown.

Note: An extension of stay is NOT possible if the I-20 completion date has passed or if the delay in completion is due to academic probation or suspension. In the above listed circumstances, reinstatement would be the appropriate avenue to pursue.



I-20 Extension Recommendation Form

(To be completed by the academic advisor or appropriate faculty member)

Student Name: _____ ID Number: _____

Student's email address: _____

1) I anticipate the above listed student will complete all requirements for the current academic program on or about:

_____ (month) (year)

2) This student has not yet completed the current program of study due to:

- ___ Delays caused by a documented illness.
- ___ Delays caused by a change in major field of study.
- ___ Delays caused by a change in research topic.
- ___ Delays caused by unanticipated research problems.
- ___ Delays caused by lost credits upon transfer to The University of Mississippi.
- ___ Other: (please specify below)

I recommend that this student's program extend until the date listed in item 1.

Advisor's Signature: _____

Advisor's Name and Title: _____

Department: _____

Date: _____

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Date Received at OIP _____ Received by _____