University of Nevada, Reno

Office of International Students and Scholars
120 Fitzgerald Student Services Building/0074
Reno, Nevada 89557
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http://www.unr.edu/oiss

PROGRAM EXTENSION REQUEST

Students unable to complete their academic program before the program completion date listed on the I-20/DS-2019, must apply for a program extension. 8 CFR 214.2(f)(7)(iii). We recommend that you apply for the extension at least 30 days before the program completion date. Meet with an OISS advisor to discuss your options if your program completion date has passed.

Eligibility

- ✓ Student must be in valid status and making normal progress towards completing his/her program objective
- ✓ Reasons for program extension: change of major, unexpected research problems or change in research topic, medical issues
- ✓ Delays caused by academic probation or suspension are not acceptable reasons for program extension

How to Apply for a Program Extension

1. Meet with your academic advisor and obtain your academic advisor's recommendation for program extension (see below).
2. Submit original financial support documentation issued within the last 6 months certifying the availability of funding for the requested period of extension. Contact OISS for amount of funding required.
   a. Submit an original Financial Data Form at www.unr.edu/oiss/forms along with the financial documentation if the funding is from a source other than yourself.
3. Schedule an appointment with an OISS advisor and bring the recommendation form and original financial documentation.
4. The OISS advisor will review the documentation and if approved, issue a new I-20/DS-2019 with a new program completion date.

Note: If you work on-campus, you must give a copy of your new I-20/DS-2019 to your employer to update your Form I-9 (Employment Eligibility Verification) with the new end date. **You will not be paid if your Form I-9 is not updated.**

ACADEMIC ADVISOR'S RECOMMENDATION FOR PROGRAM EXTENSION

TO BE COMPLETED BY THE STUDENT

Last Name: _____ First Name: _____

NSHE ID: _____ SEVIS ID: N _____

Telephone: _____ Email: _____

Major: _____ Degree: ❒ Bachelor's ❒ Master's ❒ Doctorate

Signature: _____ **Date:** _____

TO BE COMPLETED BY THE ACADEMIC ADVISOR

❒ I certify that this student is **NOT** eligible for a program extension because the delays are caused by academic probation or suspension.

❒ I certify that this student **IS** eligible for a program extension because of the compelling academic reason indicated below (select one):

[ ] Change of major

[ ] Change in research topic

[ ] Unexpected research problems

[ ] Medical reasons (student must provide a letter from a licensed medical doctor, doctor of osteopathy or clinical psychologist)

[ ] Other (please explain): _____

New Program Completion Date (may be granted for up to 1 academic year per request): 20_____ ❒ Spring ❒ Summer ❒ Fall ❒ Winter

Comments: _____

Name: _____ **Email:** _____

Signature: _____ **Date:** _____

OISS USE
Comments: _____

☐ Approved ☐ Denied Advisor's Signature: _____ Date: _____