

PROGRAM EXTENSION REQUEST



**Office of International Students
and Scholars MS/074**
120 Fitzgerald Student Services Bldg.
Reno, NV 89557-0144
(775) 784-6874
Fax: (775) 327-5845
EMAIL: oiss@unr.edu
<http://www.unr.edu/oiss>

Students unable to complete their academic program before the expiration date listed on the I-20/DS-2019, must apply for program extension.

- ✓ Student must apply for extension before the program end date listed on the
- ✓ Student must be in valid status and making normal progress towards completing his/her program objective
- ✓ Acceptable reasons for program extension include: 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

Steps for Program Extension:

1. Student meets with an academic advisor and obtains his/her recommendation for program extension (see below).
2. Student secures financial documentation certifying the availability of funding such as: a bank statement, a letter from the bank or for graduate assistants, a copy of the contract. This documentation should be issued within the last 6 months.
3. Student schedules an appointment with an advisor at OISS and brings the recommendation form and financial documentation. OISS advisor reviews the documentation and if approved, prepares a new I-20/DS-2019 form reflecting a different program end date.

If you are working on campus, you must give a copy of your new I-20/DS-2019 form to your employer to update your I-9 (Employment Eligibility) form with the new dates. You will not be paid unless your I-9 is updated!

ACADEMIC ADVISOR'S RECOMMENDATION FOR PROGRAM EXTENSION

To be completed by the student:

Last Name: _____ First Name: _____
R number: _____ Sevis ID: _____
Major/Program Level: _____
Local Address: _____
Phone: _____ E-mail: _____
Signature: _____ Date: _____

To be completed by the academic advisor:

New Program Completion Date: _____. Please indicate reason(s) for extension:

- Change of major
- Unexpected research problems
- Change in research topic
- Medical reasons (student must attach a medical certificate)
- Other (must elaborate) _____

Academic Advisor Name: _____

Academic Advisor Signature: _____ Date: _____

OISS Approval ____ yes ____ no Date & Signature _____