

This sheet is a brief checklist of items you need to complete your program extension (i.e., extend your Form I-20 or Form DS-2019). A full description of eligibility for program extension and the steps needed to complete the process can be found on the ISSO web site at the following URLs, and copies are attached to this sheet.

For students in F-1 or J-1 Status: <http://www.bu.edu/isso/immigration-status/extension/>

**Your Program Extension request should be submitted to the ISSO
 at least 30 days prior to the expiration of your
 current Form I-20 or Form DS-2019**

- 1. Determine if you are eligible to extend your program.
- 2. Ask your academic advisor to complete the attached *Academic Advisor's Recommendation* form.
- 3. Assemble financial documents (originals, not copies or faxes) to prove that you have sufficient funds.
- 4. Come to the ISSO with your completed *Academic Advisor's Recommendation* form, all necessary financial documentation, your current Form I-20, your passport, and your I-94 card (the small white card stapled in passport).
- 5. At the ISSO, complete a *Request Form* and submit all the above documents to a Coordinator at the front desk. (*NOTE: incomplete applications will not be accepted.*)
- 6. If this is the second (or subsequent) request for an extension to complete the current program of study beyond the maximum time period normally permitted by your school or college, you must also submit a letter from the chair of the department requesting the extension and outlining the compelling academic reasons that caused the delay and explaining how you are making normal progress toward degree completion.
- 7. When the ISSO contacts you to say that the extension has been completed, come to the ISSO to pick up your new Form I-20 or Form DS-2019.

NOTE: Once the ISSO has received a completed extension application (i.e., all required documents submitted), please allow ten (10) business days for processing.



Academic Advisor's Recommendation For Extension of Period to Complete a Program of Study

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
Telephone: 617/353-3565 ♦ isso@bu.edu ♦ www.bu.edu/isso ♦ Facsimile: 617/358-1170

Student's Name: _____ BU I.D. #: **U** _____

Date of expiration of current Form I-20 (F-1) or DS-2019 (J-1): _____

I hereby request my Academic Advisor to complete the sections below so that I may apply to the International Students and Scholars Office for an extension of my immigration status in order to complete my program of study.

Student's Signature

TO BE COMPLETED ONLY BY ACADEMIC ADVISOR

To Academic Advisor: The period of time initially granted to an international student to complete his or her program of study is limited by federal regulations governing F-1 and J-1 student immigration status. The student named above is requesting an extension beyond the initial period granted. This form is provided to verify certain information needed to determine if the extension may be permitted under the rules of the U.S. Department of Homeland Security. Please direct any questions you may have to the staff of the ISSO (isso@bu.edu). Once completed in full and signed by you, the student will submit this form to the International Students & Scholars Office. Thank you for your assistance.

1. The student **will complete the requirements** of his/her current program no later than (*i.e., what is the new program end date you are requesting for this student?*): _____
month day year

2. Has this student been continuously enrolled full-time since beginning the program of study? Yes No

If no, please explain: _____

3. The student has not yet completed the current program of study due to (check all that apply):
- Delay caused by a change in major field of study. In what semester did the change occur? _____
 - Delay caused by a change in research topic. In what semester did the change occur? _____
 - Delay caused by unexpected research problems. *Please attach a brief description of the problems encountered.*
 - Delay caused by lost credits upon transfer to Boston University.
 - Delay caused by documented illness. *Student must attach required letter from a medical professional.*
 - Other compelling academic reason. Please explain (*attach additional page(s), if necessary*):

I, therefore, recommend that this student be allowed additional time to complete his or her studies.

Academic Advisor's Name and Title (*please print*): _____

Department (*please print*): _____ Phone: _____

_____ Date: _____

Academic Advisor's Signature