Extension of Stay for F-1/J-1 Visa Students

Federal regulations require F-1/J-1 students to have a valid Certificate of Eligibility (Form I-20/DS-2019) at all times. F-1/J-1 students who will not be able to complete their degree program by the program end date listed on their Form I-20/DS-2019 must come to the Office of International Services (ISS) to speak to an International Student Advisor about an extension of their stay.

Eligibility

- F-1/J-1 students are eligible for an extension of stay if they are in good academic standing and have properly maintained their F-1/J-1 visa status.
- The delay in completing their degree requirements by the program end date must have been caused by compelling academic or documented medical reasons.
- Students who do not meet the eligibility criteria for an extension of stay or who have already exceeded the program end date on the current Form I-20/DS-2019 must meet with an International Student Advisor as soon as possible to discuss other options.

When to Apply

- An extension of stay must be completed before the program end date on the Form I-20/DS-2019. Please be aware that International Student Services processing times for extension requests are up to 20 days upon receipt of all required documents.
- An extension of stay can be granted for a maximum of 12 months at a time.
- If you are a graduate student requesting an extension of your program and all that you have remaining is your project, thesis or dissertation, the earliest that you can submit an extension application is 45 days before the end of the current semester.

Required Documents

To apply for an extension of stay, F-1/J-1 visa students must submit the following documents to International Student Services:

- F-1/J-1 Extension of Stay Request Form
- Copy of current degree plan (Degree Works acceptable)
- All but Project, Thesis or Dissertation Students: A recent letter from your graduate faculty advisor stating the compelling academic reasons for the extension.
- Proof of Financial Resources: Current evidence of all sources of financial support for the student and any dependents. For detailed information about acceptable proof of financial resources, visit http://international.utsa.edu/forms/confirmation-of-financial-resources/.
- Confirmation of Financial Resources Form for F-1: Download at http://international.utsa.edu/forms/confirmation-of-financial-resources/.
- Proof of Medical Condition (if applicable): If a medical condition caused your need for an extension of stay, you must submit a letter written by a licensed physician. The letter must be written on the physician’s own professional letterhead and should state that a specific medical condition compelled the student to reduce or to interrupt his/her full course of study. The letter should also specify the semester(s) and dates involved. If the medical condition is considered to be on-going or open-ended, this information should be stated in the letter. In this case, it may not be possible for the student to continue to hold a visa type that requires full-time attendance.
- Additional documentation for J-1 students only:
  - DS2019 Request Form: http://international.utsa.edu/forms/request-ds-2019/
  - Proof of Health Insurance for yourself and accompanying family members
Extension of Stay Request Form

Section 1: This section must be completed by the student.

Last Name: _________________________________________ First Name: _____________________________

Banner ID: @___________________________ Major: ___________________ GPA: _____________________

Local Address: ________________________________ City: __________________ Zip code: _______________

Email Address: _______________________________________ Telephone: _____________________________

I affirm that I have maintained my F-1/J-1 visa status properly, been in good academic standing, and met my department expectations in academic progress and performance. I certify that I have read and understood the F-1/J-1 Extension of Stay handout.

Student Signature: ________________________________ Date: __________________________________

Section 2: This section must be completed by the student’s academic department.

1. Please list the student’s current academic standing: _____________________________________________

2. Was the delay in graduation caused by academic probation or dismissal? Yes________ No_________

3. Please check applicable reasons for the delay in graduation (please check all that apply):
   - Change of major
   - Change of research topic
   - Problems with research
   - Lost transfer credit
   - Required prerequisites (including English classes)
   - Retaking classes
   - Other: _____________________________________________________
   - N/A: Delay was due to a medical condition

4. If applicable, please include any additional information below:

   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

5. Student’s anticipated date of graduation:

   Year: ________   Semester: 
   - Summer
   - Fall
   - Spring

*Please continue on to the next page for signature
Section 3: Approval Signature(s)

Academic Advisor or Graduate Faculty Advisor (Required for both undergraduate and graduate students)
Name: ______________________________________________________ Email: ______________________________
Phone: ________________________ Signature: _____________________________ Date: ________________

Graduate Advisor of Record or Equivalent (Required for graduate students only)
Name: ______________________________________________________ Email: ______________________________
Phone: ________________________ Signature: _____________________________ Date: ________________

To be completed by International Student Services
Current Academic Standing: GS   Prob   Dism   Current Hours: ____________________________ credits
I-20/DS-2019 Expiration Date: ________________________ Passport Expiration Date: ________________________
The student has been placed academic probation or academic dismissal: ____ Yes   ____ No
If Yes, Semester(s): ___________________________________________________

Status Maintenance:
☐ Address
☐ E-mail
☐ Telephone

Degree Plan submitted: ____ Yes   ____ No
Proof of Financial Resources submitted: ____ Yes   ____ No
Proof of Health Insurance submitted (J-1 Only): ____ Yes   ____ No
This program extension request is: ____ Approved   ____ Denied
DSO/ARO Name: ____________________________________________ Date: _________________________
FSA Atlas Note Entry: ______ Done   Emailed to Student: ______ Done