

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 app	ly for an extension of stay, F-1/J-1 visa students must submit the following documents to International
Student	t 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:
	o 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 com				
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 department expectations in academic p 1/J-1 Extension of Stay handout.				
Student Signature:	Date:			
Section 2: This section must be com	pleted by the student's academic de	epartment.		
1. Please list the student's current acad	demic standing:			
2. Was the delay in graduation caused	by academic probation or dismissal?	Yes No		
□ Retaking class	research redit equisites (including English classes)			
□ N/A: Delay was	s due to a medical condition			
4. If applicable, please include any add	itional information below:			
5. Student's anticipated date of graduat	tion:			
,	norr.			
Year: Semester: Summer Fall Spring				
*Please continue on to the next page for	or 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 Equivalen	t (Required for graduate students o	nly)				
Name:		Email:				
Phone:	Signature:	Date:				
To be completed by International Student						
Current Academic Standing: GS Prob	Dism Current Hours:	credits				
I-20/DS-2019 Expiration Date:	Passport Expira	ation 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						