As an F-1 student, you were admitted to the United States for “D/S” as indicated on your I-94 (small, white card). D/S, or Duration of Status, means that you may remain in the U.S. as long as you maintain lawful full time student status. However, the U.S. Citizenship & Immigration Services (USCIS) requires that you finish your program of study by the expected completion date noted in section 5 of your I-20. If you will not complete your program by the expected completion date, you must file for an extension **BEFORE the end date on your current I-20.** Failure to file a timely application will result in loss of F-1 status. Forgetting to apply for the extension is not an acceptable reason for reinstatement.

To be eligible for an extension of stay you must:

- Have continually maintained full-time F-1 status, AND
- Have compelling academic or medical reasons causes the delay in completion.

For Example:
1. Change of major or research topic
2. Unexpected research problems
3. Loss of credits upon transfer to Rensselaer
4. Documented illness

Please Note: Delays due to academic probation or suspension do not qualify for extension. In this case you would have to apply for reinstatement.

A) To apply for an extension submit the following to the ISSS Office:

1. Graduate Program and Graduate School’s recommendations (on reverse page)
2. Your original I-20 ID (Student) Copy
3. Letter of support from your Graduate Program (only if you are receiving financial support).

B) Upon favorable review of your application for extension the ISSS Office will type a new I-20 for you, which you will have to sign. **Immigration requires you to keep ALL copies of your I-20’s together.**

Name:__________________________________________________________________________

RIN (Rensselaer I.D. Number):____________________E-Mail:____________________________

Local Address:__________________________________________________________

Phone: (home)____________________________Office or Lab:____________________________

Degree Pursuing: Master’s / PHD Graduate Program:____________________________

Local Address:________________________________________________________________________

_______________________________________________________________________________

over
GRADUATE SCHOOL RECOMMENDATION FOR EXTENSION OF TIME LIMITATION FOR A PROGRAM OF STUDY

Student’s Name: _________________________________ RIN: ________________________________

Graduate Program Director: This form is provided to facilitate the communication of certain information required by U.S. Citizenship & Immigration Services. Its completion is necessary for a student in F-1 status to request an extension of the time limitation placed by USCIS upon the student’s current program of study. Please contact International Services for Student and Scholars at 276-6561 regarding any questions you may have. Please complete this form in full and return it to the student.

1. This student will complete requirements for his/her program on or about: __/__/__.
   (Give a good graduation date)
   - **Verified by Graduate School** (Please Initial) ________

2. This student has not yet completed the current program of study due to (please respond to all reasons, which apply):
   _____Delay caused by a change in major field of study from __________ to __________
   _____Delay caused by a change in research topic from ________________________________
       to ________________________________
   _____Delay caused by unexpected research problems. Explain:____________________________
       ____________________________________________________________________________
       ____________________________________________________________________________
       ____________________________________________________________________________
   _____Delay caused by lost credits upon transfer to Rensselaer
   _____Other. Explain:______________________________________________________________
       ____________________________________________________________________________
       ____________________________________________________________________________
       ____________________________________________________________________________

I therefore recommend that this student be allowed this additional time to complete studies.

Graduate Program Director’s Signature: __________________________ Date: ______________
Name and Title (please print): ______________________________________________________

Graduate Dean Signature: __________________________ Date: ______________
Name and Title (please print): ______________________________________________________