SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES

Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

F-1 EXTENSION APPLICATION FORM

*A student on an F-1 Visa may only stay in the country as long as the I-20 is valid. The I-20 is valid through the program completion date (item 5). Extension is subject to authorization by the Designated School Official of the International Student and Scholar Services Office and must be obtained at least **ONE MONTH** prior to the completion date listed on the I-20. Note, your I-20 might have an end date that is not accurate to your current program's end date.*

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Current Degree	Current Program Completion Date

Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No
If so, please update your information in Access immediately.

THIS PORTION TO BE COMPLETED BY ACADEMIC ADVISOR OR DEAN

Original Completion Date: _____/___/_____ Expected Completion Date: ____/___/____

Please note the reason for extension of program completion date:

□ **Compelling Academic Reason (i.e. change of major)** _____
□ **Medical Reason** _____
□ **Change of Major or Research Project** _____

By signing below, you attest that the above named student has a compelling academic or medical reason to support the extension of their academic program. This extension cannot be approved if caused by an academic probation, suspension, incomplete, or due to an unfiled H1-B Visa application.

Remember that is considered fraud to recommend an extension without a compelling medical or academic reason.

_____	_____	_____
Academic Advisor/ Dean Name and Signature	Academic Advisor/ Dean Contact Information	Date

Please attach the following documents:
□ Financial Documentation showing ability to provide funding for tuition, fees, living expenses, health insurance and dependents (if applicable) for the time period requested by the extension.
□ Proof of Health Insurance
□ If extension is requested due to a medical reason, documentation from a medical doctor is required.

By signing below, I affirm that I have continually maintained status and understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Print Name:_____ Signature:_____ Date:___/___/___

International Services Specialist:	Signature:	Date: