

**Yeshiva University**  
**Office of International Students and Scholars**

116 Laurel Hill Terrace, Suite E  
New York, NY 10033  
Phone 646.592.4203 Fax: 646.685.0394 email: oiiss@yu.edu

**APPLICATION FOR F-1 PROGRAM EXTENSION**

An F-1 student who is currently maintaining status and making normal progress toward completing his or her educational objective, but is unable to complete his or her course of study by the program end date on the Form I-20, must apply prior to the program end date for a program extension. [8CFR214.2(f)(7)]

Please complete this form in full and return it to the International Student Advisor (ISA) with new financial documentation, 30 days before the end date on your current Form I-20. **All program extensions must be completed before the program completion date on your Form I-20, so please plan ahead.** If your extension is approved, you will be contacted when your new I-20 is available for you to pick up.

**STUDENT COMPLETES THIS SECTION:**

Student Name: \_\_\_\_\_  
Please print: Family Name, First Name

Yeshiva ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_  
Please print clearly

**Processing Alerts: be sure to answer all questions.**

**1. Travel:**

Do you plan to travel out of the U.S. soon?  yes  no

Do you need to apply for a new visa to return?  yes  no

Date you plan to leave: \_\_\_\_\_ Date of return: \_\_\_\_\_

**2. Is the academic major listed on your current I-20 correct?**  yes  no

**3. How many credits will you register for in the extension period?**  fall  spring  summer

**4. Dependents:**

Do you have F-2 dependents living with you in the U.S.?  yes  no

How many?  spouse  children (*Please submit additional proof of finances to extend their F-2 status.*)

<b>Current U.S. Address:</b> _____ _____ _____ _____	<b>Home Country Address:</b> _____ _____ _____ _____
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**(Your Academic Advisor or Dean Completes the Section on the Next Page)**

**YOUR ACADEMIC ADVISOR OR DEAN COMPLETES THIS SECTION:**

1. I anticipate that this student will complete all degree requirements for their current program of study (date): \_\_\_\_\_
2. Student's level of study: \_\_\_ Bachelor \_\_\_ Master \_\_\_ Doctorate \_\_\_ Other \_\_\_\_\_
3. Student's Major: \_\_\_\_\_

**Questions 4 and 5 must be answered for all students**

4. This student has not yet completed the current program of study due to (please check all the reasons which apply):  
**Please note: an extension of stay cannot be granted to facilitate employment authorization, unless an internship is a degree requirement of all students AND this student has not yet met the internship requirement for his or her program of study**

- \_\_\_ Delay caused by a change in academic major (Student must have declared change of major with the Registrar)
- \_\_\_ Delay caused by a change in research topic
- \_\_\_ Delay caused by unexpected research problems
- \_\_\_ Delay caused by loss of credits upon transfer to our school
- \_\_\_ Delay caused by medical condition (official documentation from treating physician required)
- \_\_\_ Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is this student is making satisfactory progress toward his/her degree: \_\_\_ yes \_\_\_ no

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If this student has received more than one extension, please explain in detail why an additional extension of stay is necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I recommend that this student be allowed additional time to complete his/her studies.**

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Advisor's email address

\_\_\_\_\_  
Advisor's Name and Title (please print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Department

**ADMINISTRATIVE ACTION**

Program Extension approved to: \_\_\_\_\_

Program Extension DENIED

Reason: \_\_\_\_\_

Designated School Official: \_\_\_\_\_

\_\_\_\_\_  
Date