EXTENSION OF PROGRAM

I. STUDENT INFORMATION  *(To be completed by the student)*

☐ F-1 degree student  ☐ F-1 non-degree student  ☐ J-1 degree student  ☐ J-1 non-degree student

Undergraduate student  ☐  Graduate student: (☐ Master’s  ☐ Doctoral)

Student’s Name: ________________________________________

(last) (first)

RUID# ___________________________  Student’s phone # ______________

Email: __________________________________________ Major: __________________

College/Dept/School: ___________________________  Passport expiration: __________________

II. ACADEMIC INFORMATION  *(To be completed only by the academic dean or the graduate program director)*

Regulations stipulate students may be granted an extension of stay for “compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspension are not acceptable reasons for program extensions.” (Note: medical reasons must also be documented by a licensed medical practitioner.) Please explain the “compelling academic or medical reasons” for this student’s need for an extension of stay beyond the original program ending date noted on his or her visa eligibility document.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please provide information on when this student reached, or is now reasonably expected to reach, each of the following stages of his/her academic program as noted:

- Completion of all coursework (for the degree seeking students): (month/year) ____________
- Completion of all program requirements (including defense, where applicable): (month/day/year) ______
- Completion of diploma (for the degree seeking students): (month/year) ____________________________ (May/Oct/Jan)

Number of credits remaining for program completion: ________________

Is this student being permitted to register for the next academic semester:  ☐ Yes  ☐ No
If this student has a University assistantship or fellowship. Please detail:

☐ T.A. ☐ G.A. ☐ Fellowship ☐ Other/Personal (explain)

Period of current funding: From ________ to ________  * (or Academic Year 20____*)

Stipend for above period: ___________________ Tuition remission: _________%

* If current funding ends prior to expected completion of degree requirements; will this student continue to receive University funding (barring significant unanticipated budget cuts)?  ☐ Yes  ☐ No

I certify that all information provided on this form is accurate to the best of my knowledge and judgment.

Name_________________________ Email_________________________

Phone ________________________ Program_________________________

Signature________________________________________________________________________