

Columbus State Community College
International Student Services
Madison Hall
614-287-2074

Extension of Stay Request

Instructions to Student

Your I-20 includes the estimated length of time it will take to complete your program of study at CSCC. For a variety of reasons, it sometimes takes longer for a student to complete his/her studies. This may result in a student needing to extend the completion date on the I-20. According to Immigration regulations and extension may be granted only for certain academic or medical reasons. A request for extension **MUST BE GRANTED BEFORE** the original completion date is passed.

Procedure to request Extension of Stay

1. Using the form *F-1 Extension of Stay Request*, inform your International Student Advisor/DSO as soon as you realize that you will need an extension to complete your program. (See your I-20, #5.) An expired completion date is not eligible for extension, and you must apply for reinstatement to F1 status.
2. **If your extension is based on academic reasons**, meet with an Academic Advisor to discuss the reasons and review your Degree Audit Report. (Download at www.csc.edu/Currentstudents.) Request that the Advisor complete Part A of the form on the back of this page. The form should indicate the new expected date of completion.
3. **If extension is based on medical reasons**, submit to your International Advisor the following documents:
 - a. Academic advisor's completed *F-1 Extension of Stay Request* form.
 - b. Medical documents from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist.

NAME: _____
Last First

Date of Request: _____

Type of Request: (Circle) Academic Medical

April 08/Ext. of Stay

F-1 Extension of Stay Request con't

_____ is an F-1 student at Columbus State Community College. His/her current expected completion date on the Immigration I-20 form is _____. However, the student does not appear to be making normal progress toward completion of his/her program as expected.

After your advising session with the student, please complete Part A below:

Part A: To be completed by Academic Advisor

Academic Assessment: Failure to complete program as expected is due to:

_____ Academic Difficulties

_____ Change of Major

_____ Taking additional courses while awaiting admission into the program

Please provide a brief explanation of the reason you have selected. _____

New Expected Date of Completion: _____

Academic Advisor's Name

Department

Academic Advisor's Signature

Date

Part B: To be completed by International Student Advisor

Medical Reasons:

_____ Mental Health/Medical Reason

_____ Student has submitted medical documents from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist.

International Student Advisor's Name

Advisor's Signature

Date