F-1 EXTENSION OF STAY STUDENT/DEPARTMENT FORM
Idaho State University (ISU) International Programs Office

STUDENT SECTION: Please complete the following

Student Last Name/Family: ____________________________ Student First/Given Name: ____________________________

Bengal ID: ________________________________________ Major: ______________________________________________

I, the undersigned, attest to the below and affirm that I am in legal status with the Department of Homeland Security (DHS), in good academic standing, and meeting departmental expectations in academic progress, performance, and seriousness of purpose.

Student Signature

Date: __________/________/________

DEPARTMENT SECTION: Please complete the following

1. Is the student in good academic standing and meeting departmental expectations in academic progress, performance, and seriousness of purpose?
   Yes [ ] No [ ]

2. Is the delay in completing requirements caused by any periods of academic probation or suspension?
   Yes [ ] No [ ]
   (If yes, the student will need a reinstatement rather than an extension)

3. Please describe the compelling academic reason(s) (i.e. change of major, change of research topic, problems with research, lost credits upon transfer to ISU) OR documented medical reason for the delay in graduating by the completion date on the current I-20:

   ____________________________
   ____________________________
   ____________________________
   ____________________________

4. If a previous extension has been granted for the same academic program, please specify the new reason(s) why the previous problem has continued resulting in the additional delay, and the progress made since the last extension was granted:

   ____________________________
   ____________________________
   ____________________________
   ____________________________

5. Please provide the specific academic requirements remaining:

   ____________________________
   ____________________________
   ____________________________
   ____________________________

6. Student’s Expected Date of Graduation:
   Semester __________ Year __________

7. Please attach the student’s updated Degree Works with this form. [ ]

For Undergraduate Advisors Only:

Undergraduate Advisor: ____________________________
Signature: ____________________________
Email Address: ____________________________
Telephone Number: ____________________________
Date: __________/________/________

For Graduate Advisors Only:

Department Head: ____________________________
Signature: ____________________________
Email Address: ____________________________
Telephone Number: ____________________________
Date: __________/________/________

Academic Advisor: ____________________________
Signature: ____________________________
Email Address: ____________________________
Telephone Number: ____________________________
Date: __________/________/________