

OFFICE OF
International Education

Please Return To OIE:
Office of International Education
Marquette University
Holthusen Hall, 4th floor
P.O. Box 1881
Milwaukee, WI 53201
Fax: 414-288-3701

APPLICATION TO EXTEND STAY AS AN F-1 VISA STUDENT

Section I: To be completed by the student

Student name (Last/Family, First) _____ MUID _____

Level of Study: _____ College/Department: _____

Current expected completion date as indicated on student's Form I-20 _____ (MM/DD/YY)

Section II: To be completed by academic/thesis advisor

The legal stay of this student will soon expire, and s/he wishes to extend it to allow for completion of the academic program indicated above. An extension of stay in the U.S. is not automatic and may be denied by the United States Citizenship and Immigration Service (USCIS) of the Department of Homeland Security (DHS).

In the extension application procedure the student must document that there are valid academic reasons for going beyond the given time limit. Please bear in mind that the University certified originally and has been certifying continuously that the student has been carrying a full-time course of study as defined by federal regulation every semester since arrival.

Please complete the questions below and return to OIE. Your reply will become part of the student's legal record here and may be used for other purposes in the University. Your accuracy is important not only for the student's application but also to protect other interests including the University's authorization by the U.S. government to enroll nonimmigrant students.

1. Despite continuous full-time academic studies, the student's degree progress was delayed because of the following academic reason(s):

2. This department expects the student to continue academic studies full-time to complete all of the remaining requirements for the degree as listed below. (A student may be less than full-time in the final term of studies with prior notification to OIE):

Academic Requirements

Completion Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Thus the student is expected to graduate in _____ (MM/YY)

4. I certify that as the student's Department Chair or official Academic/Thesis Advisor, I have completed this form, and believe the student has a valid academic reason for requesting an extension to their program:

Name _____ Phone _____

Signature _____ Date _____

Please contact an OIE advisor at 414-288-7289 or at world@marquette.edu if you have any questions about this form or the extension process.

For OIE use only:

Passport expiration date _____

Financial verification received: Student _____ Dependent _____

Copy to Compliance Coordinator _____