The following is required by this office when a student exceeds the time limitation for completion of studies set forth on his/her immigration document. Please complete and return this form to the Office of International Students and Scholars (OISS). **DEADLINE TO SUBMIT IS TWO WEEKS PRIOR TO CURRENT PROGRAM END DATE!**

Please Note: Non-immigrant students on F-1 visas must be enrolled for a full course of study and must be making satisfactory progress toward their degree. Full-time for an undergraduate is defined as 12 semester hours; for a graduate it is 9 semester hours. Any student wishing to register for a reduced course load should consult with an international program advisor and secure the appropriate documentation prior to finalizing the reduction in registration. Failure to do so will jeopardize a student’s legal status in the United States.

### Student Information:

<table>
<thead>
<tr>
<th>Family (Last) Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program (Major) of Study</td>
<td>EIU E-Number</td>
<td>SEVIS ID # (Upper Left Corner of I-20)</td>
</tr>
<tr>
<td>Email Address</td>
<td>US Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

### Verification by Academic Department:

This section must be completed by an Academic Advisor for international undergraduate students and by Graduate Coordinators for international graduate students.

I certify that this student is working towards a:

- [ ] Bachelor’s Degree
- [ ] Second Bachelor’s Degree
- [ ] Master’s Degree

Please choose one of the following reason(s) for the extension request:

- [ ] Change of Major
- [ ] Thesis Continuation
- [ ] Co-op/Internship
- [ ] Medical (Letter must be received)
- [ ] Other (Please explain):

### New Date of Program Completion:

I expect the requirements for this degree program to be completed in ______________________ (month & year)

### Signatures:

To the best of my knowledge, the information pertaining to this student is accurate and complete.

Coordinator's/Advisor's Name: ____________________________

Coordinator's/Advisor's Office Address: ____________________________

Coordinator's/Advisor's Phone Number: ____________________________

Academic Advisor Signature: ____________________________ Date of Signature: ____________________________

For OISS use only:

Reviewed By: ____________________________ Date: ____________________________

Request Completed By: ____________________________ Date: ____________________________