Recommendation for Extension of Visa Document

THIS SECTION COMPLETED BY STUDENT (ALL blanks must be filled in for accurate processing. Please note that graduates should have their form filled out by their GPD and undergraduates should have theirs filled out by their department’s Chief Departmental Advisor.)

Name: __________________________________________________________________________________________________ UIN ________________

Last                                    First                      Middle

SEVIS ID N___________________________    I-20/DS-2019 Expiration __________________   Student E-Mail ___________________@odu.edu

Degree:       Bachelors         Masters         Doctorate     Program/Major ___________________________________

For the processing of an extension, two other steps are required; have you completed them or are you completing them at the same time?

 Submitted I-20/DS-2019 request on the VISA web site?        Yes          No    Submitted financial documentation?         Yes          No

By signing below, you certify that the department who completes the lower portion of this form has permission to release the information requested.

Signature ___________________________________________________________  Date ______________________________

THIS SECTION TO BE COMPLETED BY DEPARTMENT – NOT by students, please

Graduates: Your Graduate Program Director should fill out this form.
Undergraduates: Your Chief Departmental Advisor should fill out this form.

This form is designed to facilitate the communication of certain information VISA must obtain—as per Immigration regulations—when a student requests the extension of a visa document to remain in the U.S. in a student visa status. The student whose name appears above is requesting an extension of the normal time allocated for the completion of his/her program of study.

1)  The degree program requires _______ credits of all program participants. This individual has earned _______ credits to date.
2)  Formal coursework has been completed:  ○Yes   ○No
3)  Expected semester and year of program completion:   ○Fall   ○Spring  ○Summer ____________
4)  Is this student making normal progress towards his/her current degree?   ○ Yes   ○No

Comments, if any:

5)  Do you recommend this student be given additional time to continue his/her studies?       Yes          No
    If yes, for how long?   ○August 2019   ○December 2019  ○DOCTORAL & BACHELORS ONLY:  May 2020
    Comments, if any:

6)  Please provide a brief but DETAILED explanation as to why the student has not completed his/her program within the time frame indicated on the initial visa document (Bachelors: 48 months, Masters: 24 months and Ph.D.: 72 months). VISA is mandated by federal regulations to have specific explanations on file when considering an extension of a visa document. Depending on the reason(s) for the extension, VISA may need to contact you for additional information.

Please note that, in accordance with the Code of Federal Regulations [8CFR214.2(f)(7)(iii)], your signature below certifies that the above information is true and correct. This document becomes part of the student’s immigration record and may be reviewed by Immigration. FMI:  See our FACULTY RESOURCES linked at the bottom right of our home page.

Name: ________________________________        Signature: __________________________   Title: _________________________________

Phone: _______________________________        E-Mail: __________________@odu.edu            Date:  ________________________________

Visa & Immigration Service Advising (VISA)  ♦  intlstu@odu.edu  ♦  www.odu.edu/visa