

# Recommendation for Extension of Visa Document

## THIS SECTION COMPLETED BY STUDENT

(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 \_\_\_\_\_

First

Middle

Last

SEVISID N \_\_\_\_\_ I-20/DS-2019 Expiration \_\_\_\_\_ Student Email: \_\_\_\_\_@odu.edu

Degree: ☐ Bachelors ☐ Masters ☐ Doctorate Program/Major \_\_\_\_\_

### OTHER REQUIRED DOCUMENTS:

1. Submitted I-20/DS-2019 request on the VISA web site? ☐ Yes ☐ No
2. 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 section.
- **Undergraduates:** Your Chief Departmental Advisor should fill out this section.

This form is designed to facilitate the communication of certain information VISA must obtain—as per USCIS 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. **The student has earned \_\_\_\_\_ credits to date.**
- 2) Formal coursework has been completed: **Yes** **No**
- 3) Expected semester and year of program completion: **Spring** \_\_\_\_\_ **Summer** \_\_\_\_\_ **Fall** \_\_\_\_\_
- 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? **Fall** \_\_\_\_\_ **Summer** \_\_\_\_\_ **Spring** \_\_\_\_\_

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.

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 USCIS.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_@odu.edu Date: \_\_\_\_\_