

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_