

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

**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 program completion date as indicated on student's Form I-20 \_\_\_\_\_ (MM/DD/YY)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YY)

**Section II: To be completed by academic/thesis advisor**

You must confirm/provide all of the information below before OIE can extend the program completion date for this student:

- Yes No
1. This student has been making normal progress toward completing their educational objective  
This student's need for an extension is not the result of academic probation or suspension  
This delay results from a compelling academic or medical reason like changes of major/research topic, research problems, or documented illness

List the specific compelling academic or medical reason(s) that requires the extension. Please note that "more time" is not a compelling academic reason.

\_\_\_\_\_  
\_\_\_\_\_

2. List the remaining degree requirements and corresponding completion dates. (Note: Students may only be less than full-time in their final term of studies and only with prior notification to OIE):

Academic Requirements	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. List the new expected graduation date: \_\_\_\_\_ (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 if you have any questions about this form or the extension process.

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**For OIE use only:** Passport expiration date \_\_\_\_\_  
Financial verification received: Student \_\_\_\_\_ Dependent \_\_\_\_\_  
Copy to Compliance Coordinator \_\_\_\_\_  
Last term box in SEVIS now ticked \_\_\_\_\_