OFFICE OF

International Education

APPLICATION TO EXTEND STAY AS AN F-1 VISA STUDENT

Copy to Compliance Coordinator_

Last term box in SEVIS now ticked_

Please Return To OIE:

Office of International Education Marquette University Holthusen Hall, 4th floor P.O. Box 1881 Milwaukee, WI 53201 michael.groen@marquette.edu

dent Name (Last/Family, First)		MUID	MUID	
el of Study	College/Depar	tment		
ent program completion of	date as indicated on student's Form I-20	(MM/DD/YY)		
lent Signature		Date	(MM/DD/YY)	
tion II: To be compl	eted by academic/thesis advisor			
must confirm/provide all	of the information below before OIE can extend the p	rogram completion date for this studer	nt:	
Yes No 1.	tudent has been making normal progress toward com	pleting their educational objective		
This s	tudent's need for an extension is not the result of aca	ndemic probation or suspension		
This d	elay results from a compelling academic or medical re	eason like changes of major/research to	opic, research problems, or documented illnes	
List the specific c	ompelling academic or medical reason(s) that requires	s the extension. Please note that "mor	e time" is not a compelling academic reason.	
Acade	emic Requirements	Completion Date		
3. List the new expe	ected graduation date:	(MM/YY)		
•	he student's Department Chair or official Academic/Th for requesting an extension to their program:	nesis Advisor, I have completed this for	m and believe the student has a valid	
Name		Phone		
Signat	rure	Date		
Plea	ase contact an OIE advisor at 414-288-7289 if you have	e any questions about this form or the	extension process.	
*******	************	**********	*********	
For OIE use only:	Passport expiration date	_		
	Financial verification received: Student	Dependent		