Extension Request/Approval Form

The following student is requesting an extension of his/her student visa documentation:

<table>
<thead>
<tr>
<th>Name:</th>
<th>UW ID#:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>E-mail:</th>
<th>Passport Expiration Date:</th>
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</thead>
<tbody>
<tr>
<td>@wisc.edu</td>
<td></td>
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**To extend your immigration document, you must show current financial support documentation produced within the last 12 months. F-1 students must show funds for the remaining time of their program or one year, whichever is less. J-1 students must show funds for the remaining time of their program. Alternately, the document will be made for the period that the funding fully covers. Consult the ISS budget sheet for estimated costs.**

**You must request an extension BEFORE your current I-20 or DS-2019 expires; if your document has expired, you must consult an ISS advisor. Please submit extension applications no later than two weeks prior to expiry date.**

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### Undergraduate or ESL Students

1. Number of credits remaining:

2. Expected term of completion:

3. This student is making satisfactory academic progress: ☐ Yes ☐ No

4. This student has compelling academic reasons that warrant an extension: ☐ Yes ☐ No

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#### Academic/Faculty Advisor Signature

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#### Name, Title, and Department

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#### E-mail Address

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### Graduate and Professional Students

1. New expected completion date:

2. This student is making satisfactory academic progress: ☐ Yes ☐ No

3. This student has compelling academic reasons that warrant an extension: ☐ Yes ☐ No

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#### Academic/Faculty Advisor Signature

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#### Name, Title, and Department

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#### E-mail Address

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### Exchange Students

New End Date: ____________________________

Please check one of the following:

☐ This student will continue to have tuition remitted as part of the exchange program. (If additional support is provided, please attach letter detailing funding.)

☐ This student may continue to enroll, however, he/she is responsible for all tuition/living expenses during the period of extension.

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#### Exchange Coordinator Signature

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#### Name, Title, and Department

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#### E-mail Address

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This form MUST be signed by a UW staff member who has responsibility for monitoring the student’s program and progress, such as an academic advisor, faculty advisor, exchange coordinator, or ESL program representative.

Student signature: ____________________ Date: __________

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Revised 10/2009