Recommendation for
Extension of Visa Document

THIS SECTION COMPLETED BY STUDENT (ALL blanks must be filled in for accurate processing. 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: _____________________________ I-20/DS-2019 Expiration ____________________ Student Email: ____________________________@odu.edu

Degree: Bachelors Masters Doctorate Program/Major ________________________________

For the processing of an extension, two other steps are required; have you completed them or are you completing them at the same time?

♦ Submitted I-20/DS-2019 request on the VISA web site? Yes ☐ No ☐ ♦ 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 form.

Undergraduates: Your Chief Departmental Advisor should fill out this form.

This form is designed to facilitate the communication of certain information VISA must obtain—as per Immigration 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. This individual has earned _______ credits to date.

2) Formal coursework has been completed: ☑ Yes ☐ No

3) Expected semester and year of program completion: ☑ Fall ☑ Spring ☑ Summer ____________

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? ☑ May 2020 ☑ August 2020 ☑ DOCTORAL & BACHELORS ONLY: December 2020

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. Depending on the reason(s) for the extension, VISA may need to contact you for additional information.

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. FMI: See our FACULTY RESOURCES linked at the bottom right of our home page:

Name: ____________________________ Signature: ___________________ Title: __________________________

Phone: ___________________________ E-Mail: ______________________@odu.edu Date: __________________

Visa & Immigration Service Advising (VISA) ◆ intlstu@odu.edu ◆ www.odu.edu/visa