

Please attach copies of these documents:

- Current I-20
 Passport
 Visa

- I-94
 Plan of Work (Grad Students)
 Bank Statement

SECTION A: TO BE COMPLETED BY THE STUDENT

PERSONAL DATA

Last Name:		First Name:	
SEVIS ID:		WSU ID:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	
Visa Type:		Email:	
Phone:	Citizenship:	I-20 Expiration Date:	

CURRENT ADDRESS

Street:		
City:	State:	Zip Code:

ACADEMIC DATA

Department/College:	Major:
Degree Expected: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm. D. <input type="checkbox"/> Other:	

EXTENSION REQUEST INFORMATION

Request Extension until (Semester/Year):
Request Reason:

I understand that I will not be eligible to work for an extended period on my I-20 until my hiring department completes the OISS work authorization.

Student's Signature: _____ Date: _____

**PLEASE HAVE PAGE 2 OF THIS FORM COMPLETED
BEFORE MEETING WITH AN OISS ADVISOR**

SECTION B : TO BE COMPLETED BY THE STUDENT'S ACADEMIC ADVISOR

Last Name:	First Name:
College/Department:	
Email:	Campus Phone:
<input type="checkbox"/> I certify that the above request (see Section A) is accurate and in conformance with applicable Departmental, College, and University policies. I further certify that the student is unable to complete their program due to:	
The student should complete his/her program as indicated in the above request. Therefore, I recommend that this student be permitted to extend their program until (semester/year):	
Advisor Signature:	Date: