

September 26, 2025

Submitted electronically via Federal eRulemaking Portal: <https://www.regulations.gov>

Docket: DHS Docket No. ICEB-2025-0001

RIN: 1653-AA95

FR Citation: 90 Fed. Reg. 42070 (Aug. 28, 2025)

To: Office of Regulatory Affairs and Policy, U.S. Immigration and Customs Enforcement (ICE); U.S. Department of Homeland Security (DHS)

**RE: Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media Proposed Rule**

To Whom It May Concern,

The American Association of Colleges of Pharmacy (AACP) represents U.S. colleges and schools of pharmacy that educate the nation's pharmacist workforce. We write to express concerns with DHS's proposal to replace duration of status (D/S) with fixed end-dates for F and J nonimmigrants and to require routine U.S. Citizenship and Immigration Services (USCIS) extension-of-stay (EOS) filings. The rule would (1) misalign with the length and structure of accredited PharmD programs (including 0–6 pathway programs and 1,440+ required Advanced Pharmacy Practice Experience hours) and most PhD programs, (2) create substantial costs and delays for students, dependents, and institutions, (3) restrict academic mobility (first-year transfer limits; graduate-level change prohibitions), and (4) compress the grace period from 60 to 30 days.

We urge DHS to withdraw the proposal or, at minimum, adopt targeted alternatives: retain D/S; preserve a 60-day grace period; exempt doctoral programs, including both clinical and PhD; allow same-level changes and reasonable transfers; and delegate routine program-extension updates to Designated School Officials (DSOs) without USCIS EOS.

**About AACP**

The mission of AACP is to lead and partner with our members in advancing pharmacy education, research, scholarship, practice and service to improve societal health. Our members are the 142 colleges and schools of pharmacy in the United States and over 15,000 faculty and staff members, students and administrators at these schools. PharmD curricula include extensive experiential education (introductory and advanced) and site placements dependent on health-system capacity and preceptor availability. Research training within pharmacy schools includes MS and PhD programs and post-doctoral fellowships. International students are integral to research, teaching, and patient-care teams in academic pharmacy.

**Alternative Solutions**

We strongly encourage DHS to consider the following recommendations:

- Withdraw the rule or retain D/S for F and J categories with targeted oversight enhancements.
- If DHS proceeds, exempt doctoral level programs, including health-professional programs with clinical components (e.g., PharmD), and research-focused graduate (e.g., thesis-based dual degree and PhD) programs, from the 4-year cap and routine EOS, and preserve the 60-day grace period.
- Allow academic mobility: remove the first-year transfer ban; permit same-level program changes and graduate-level adjustments with DSO authorization.
- Minimize administrative burden: permit DSO-managed updates (SEVIS) for on-time program extensions and level changes; limit biometrics/interviews to risk-based triggers; bundle dependents; provide fee relief.
- Adopt a phased transition ( $\geq 24$  months after any final rule) aligned with SEVIS/IT changes and academic calendars; include an Optional Practical Training (OPT)/STEM OPT bridge and robust safe harbors.

### **Misalignment with PharmD and PhD Program Structures and Clinical Training**

PharmD education is a sequenced, competency-based program that commonly exceeds a simple four-year administrative window. Many institutions offer 0–6 direct-entry pathways that combine pre-professional and professional coursework into an integrated curriculum. In these programs, students matriculate directly from secondary school into an integrated pre-professional sequence followed by four professional years, earning the PharmD in approximately six years. Even in traditional four-year professional programs, students must complete introductory and advanced pharmacy practice experiences, including a minimum of 1,440 APPE hours with at least 160 hours per rotation under Accreditation Council for Pharmacy Education (ACPE) Standards 2025.<sup>1</sup> Clinical placements depend on hospital and health-system capacity, preceptor availability, affiliation agreement terms, and site readiness—factors outside the control of students and Designated School Officials (DSOs). Replacing D/S with fixed admissions capped at four years would force many otherwise compliant students to file mid-program USCIS EOS applications solely to finish prescribed, curriculum-driven training. D/S paired with SEVIS reporting already enables DSOs to certify normal academic progress and update program end dates when delays are linked to curricular requirements (e.g., site cancellations, public-health surges affecting capacity, remediation of a patient-safety competency). Routine EOS adds cost and legal risk without improving program integrity; it also introduces timing mismatches between academic calendars and USCIS processing cycles.

PhD training is not strictly time bound and instead relies on progress made by students toward generation of new knowledge or understanding in a field of endeavor, through completion of a circumscribed research project that addresses a well-defined and significant question or problem. After completing coursework, doctoral students focus on pursuit of their unique research problem. Completion may be delayed by experimental difficulties, changes in the underlying field or any of a number of unpredictable challenges to the scientific process, even for students engaging in dedicated, good faith studies. Doctoral education can rarely be completed in less than four years. According to the National Center for Science and Engineering Statistics, Survey of Earned Doctorates in 2020 the median

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<sup>1</sup> Accreditation Council for Pharmacy Education (ACPE). *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2025)*. Chicago, IL: Accreditation Council for Pharmacy Education; 2024.

time to the doctorate for biological and biomedical sciences was nearly six years after entry into the doctoral program.<sup>2</sup> A fixed time limit could encourage students and mentors to rush research projects, potentially sacrificing scientific quality or completeness. Programs could also feel compelled to lower standards for PhD completion, compromising program integrity and undermining the standards and reputation for excellence U.S. universities currently maintain.

DHS should consider creating an explicit exception for accredited U.S. health-professional degree programs whose prescribed curricula, licensure prerequisites, or required experiential hours reasonably exceed four years. Doctoral programs should also be exempt, to prevent pressures that could compromise research quality and program integrity. Where the DSO certifies the student is in good standing and making normal academic progress, SEVIS-only program-end-date updates should suffice and no USCIS EOS should be required.

### **Academic Mobility and Student Success**

The proposal's first-year transfer restriction would require students to remain at the issuing school for a full academic year (with limited exceptions) before becoming eligible to transfer. For PharmD students, transfers can be necessary for family obligations, financial hardship, safety concerns, better academic fit, or to secure clinical placements aligned with therapeutic interests. Current SEVIS release and DSO-to-DSO coordination already provide a clear chain of custody for records while protecting status. Additional restrictions could strand students in programs that are no longer viable for them and increase the risk of status lapses that have no relation to program integrity. Similarly, restricting graduate-level program adjustments and prohibiting same-level changes would impede legitimate academic progression—for example, transitions between PharmD programs, movement from a PharmD to a lab-based MS/PhD to pursue translational research, or movement between scientific disciplines as PhD research focus areas. These shifts are common in biomedical education as students refine their focus based on laboratory opportunities, funding, and faculty mentorship. Requiring a USCIS EOS for such changes—when the student is otherwise maintaining status and the DSO validates eligibility—adds processing burden without a proportional oversight benefit.

DHS should consider eliminating the first-year transfer ban and prohibition of program changes of any kind at the graduate level. DHS should allow transfers at any time when the student is maintaining status and in good academic standing, documented via SEVIS and permit same-level changes and intra-graduate transitions (e.g., PharmD↔PharmD; PharmD→MS/PhD) with DSO authorization and timely SEVIS updates. DHS should minimize reporting burdens that do not provide oversight benefit by not requiring a USCIS EOS when there is no gap in full-time enrollment or violation of status. Further clarification on what would count as a program change and changes to the educational objectives under the proposed rule would be needed to ensure individuals and institutions comply with the final rule, if the prohibition on graduate-level program changes is retained.

### **Grace Period Compression from 60 to 30 Days**

Shortening the F-1 grace period from 60 to 30 days would create avoidable compliance risk for students who have completed their programs but must navigate multiple time-sensitive transitions. PharmD graduates often relocate to new cities, schedule and sit for licensure examinations (e.g., NAPLEX and

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<sup>2</sup> National Center for Science and Engineering Statistics. *Doctorate Recipients from U.S. Universities: 2020* (NSF 22-300). Alexandria, VA: National Science Foundation; November 30, 2021. Accessed September 25, 2025. <https://nces.nsf.gov/pubs/nsf22300/report>

jurisdictional law exams), finalize employment onboarding or postgraduate training, and file for OPT or STEM OPT where eligible. A 30-day window is frequently insufficient to coordinate these steps with institutional clearance, registrar certification, and employer onboarding timelines, increasing the risk of inadvertent unlawful presence accrual unrelated to program integrity.

The longstanding 60-day period has functioned as a safety valve that protects good-faith transitions and aligns with academic calendars. Compressing it would especially burden graduates from programs with late-summer experiential blocks or those awaiting Employment Authorization Document (EAD) issuance. The change would also run counter to other DHS mechanisms—such as the cap-gap—that recognize adjudication timelines outside students’ control.

DHS should consider retaining a 60-day F-1 grace period or at minimum, codify a 60-day period for graduates of accredited health-professional programs and for students with timely-filed OPT/STEM OPT or cap-gap situations to prevent status lapses driven by administrative timing.

### **Administrative Burden, Costs, and Processing Delays**

Paperwork Reduction Act (PRA) tables project millions of additional public burden hours driven by new or more frequent I-539/I-539A filings, biometrics appointments, potential interviews, and SEVIS revisions. For students and exchange visit researchers at pharmacy schools, these costs translate to increased advising loads, legal review, and systems changes—resources diverted from student success, time-sensitive experiments, clinical research interactions, experiential education coordination, and patient-care partnerships. Moderate delays in USCIS processing can ripple through academic schedules, clinical placements, and employment start dates, with outsized impact on students who rely on precise timing for APPE blocks and licensure steps. Imposing biometrics and interviews as default requirements will exacerbate backlogs and create access barriers for students located far from application support centers. These are incremental burdens with no change to academic standards. They arise solely from the new requirement to seek USCIS adjudication for routine, curriculum-driven program timelines. Beyond baseline SEVIS reporting, the shift to fixed admissions with routine USCIS extensions would layer recurring, per-student costs—form filing fees for I-539/I-539A (for the principal and each dependent), biometrics fees and travel to application support centers, and, for many, attorney or campus legal costs—plus institutional costs for DSO advising time, document preparation, and SEVIS/IT updates.

DHS should consider preserving D/S and relying on SEVIS-based, risk-triggered reviews instead of routine EOS. If DHS retains EOS, it should limit biometrics/interviews to articulable risk factors; allow bundled dependent processing; enable batch SEVIS updates; and provide fee reductions/waivers for full-time students in accredited health professions.

### **Transition & Implementation**

A durable transition plan is essential to prevent inadvertent status violations as policies, SEVIS logic, and campus workflows change. Students currently admitted in D/S should be protected through their program end date plus the existing grace period, with DSOs authorized to continue SEVIS updates without forcing mid-program EOS. Retroactive application would create confusion, duplicate filings, and unnecessary adjudications. The proposed changes also require system development (SEVIS and campus IT), updates to policy manuals and training, revision of template contracts with clinical sites, and staff onboarding. DHS should align any effective date with academic cycles. Institutions need time to revise catalogs, handbooks, and communications; implementing training requirements will take additional time for faculty and advisors; students need clarity to plan clinical sequences and graduation.

DHS should consider implementing any final rule no earlier than 24 months after publication, with SEVP/USCIS issuing detailed guidance and updated SEVIS specifications at least 12 months before the effective date. DHS should provide OPT/STEM OPT continuity protections—automatic status coverage from EAD expiration through adjudication when filings are timely—and publish clear examples illustrating how bridge protections apply across common pharmacy training timelines as well as graduate research programs.

### **Workforce Considerations**

Pharmacy programs place students across rural and underserved settings, including safety-net hospitals and federally qualified health centers. Disruptions from forced EOS filings, shortened grace periods, or transfer constraints can cascade into clinical placement gaps, reducing access to medication management, chronic-disease counseling, and interprofessional care for patients who already face barriers. International students and trainees are integral to these teams and contribute meaningfully to language access and cultural competence. The pharmacist workforce is experiencing significant turnover and geographic maldistribution, with thousands of annual openings driven by replacement demand. International students form part of the pipeline feeding residencies, fellowships, industry fellowships, and research programs that support medication safety and innovation. Graduate education programs in pharmaceutical sciences and related fields provide the highly skilled research and development workforce that underlies the world-leading innovation and global competitiveness of the pharmaceutical industry in the United States. Pharmaceutical science and engineering programs also develop the technology and prepare the workforce for advanced pharmaceutical manufacturing in the U.S. Policies that raise friction costs or uncertainty will deter enrollment and undercut national goals.

DHS should consider establishing an exemption pathway from routine EOS for ACPE-accredited PharmD programs and for research-focused graduate education programs when DSOs certify normal academic progress; codify SEVIS-only updates for on-time APPE/IPPE-driven timeline changes; retain the 60-day F-1 grace period; and include explicit transition protections for current student pharmacists and postgraduate trainees to avoid disruption to care and training.

### **Questions to Consider**

As DHS considers next steps on the proposed rule, the department should consider the following:

- What data support the educational benefits of a 30-day (vs 60-day) F-1 grace period in health-professional programs with licensure milestones?
- What data supports modifying oversight requirements for F-1 and J visas that prevent disruption to the current compliance standards?
- What is the expected EOS volume for F/J health-professional students under the 4-year cap, and what are the processing time/denial rate assumptions?
- How will DHS coordinate with SEVP/SEVIS vendors and campuses to ensure IT readiness and avoid inadvertent status lapses?
- How will DHS mitigate disparate impacts on students from low-income countries and on rural, urban, and underserved clinical sites?

### **Conclusion**

America's higher education system is defined by flexibility, academic mobility, and the vast opportunities it affords international students to learn, discover, and contribute—through research, teaching, and patient care in communities across the country. The proposed shift from duration of status to fixed admissions with routine USCIS extensions would replace that proven flexibility with rigid, process-driven checkpoints that do not reflect how clinical education or research training operate. Rather than strengthening compliance, these requirements would incentivize behaviors that reduce program integrity. The rule would also send the wrong signal about the United States' openness and reliability. New and repeated fees, biometrics appointments, and uncertain adjudication timelines—paired with a shorter grace period—introduce financial and timing risks that peer destinations work to minimize. If finalized as proposed, the likely result is fewer qualified international candidates choosing U.S. pharmacy, pharmaceutical sciences and biomedical programs, with downstream effects on research productivity, clinical service capacity, and the pharmacist and pharmaceutical science workforce pipeline.

For these reasons, AACP urges DHS to withdraw the proposal. If DHS elects to proceed, we respectfully request that the Department retain duration of status for F and J categories or, at minimum, adopt the targeted adjustments outlined in this comment: preserve the 60-day F-1 grace period; remove categorical limits on transfers and same-level changes; exempt ACPE-accredited PharmD, other health-professional programs, and PhD programs from routine extension-of-stay filings; and permit DSO-managed SEVIS updates for on-time, curriculum-driven program extensions. These practical steps would maintain security and accountability while ensuring the United States remains a destination of choice for the world's most promising students.

Thank you for the opportunity to share our comments on this matter. Please contact Dorothy Farrell ([dfarrell@aacp.org](mailto:dfarrell@aacp.org)) and Olunife Akinmolayan ([oakinmolayan@aacp.org](mailto:oakinmolayan@aacp.org)) if DHS would like to engage in further conversations with colleges and schools of pharmacy preparing the next generation of healthcare professionals and pharmaceutical scientists.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Vermeulen". The signature is fluid and cursive, with the first name "Lee" being more prominent and the last name "Vermeulen" written in a more compact, flowing style.

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