



If your I-20 is expiring and you will not be able to complete your degree in the time allotted, please complete this form. Extensions may be granted for up to 1 year (3 semesters) of additional time. An extension must be requested before the I-20 expiration date. (If your I-20 has expired, your F-1 status is no longer valid - speak to a CGE advisor immediately)

**Any missing information will result in a delay in processing your request.*

TO BE COMPLETED BY STUDENT:

Date: Student Name:

E-mail: Date of Birth: (ex. mm/dd/yyyy)

Phone (H): Phone (W): Current I-20 expiration date:

Will you travel outside the U.S. before the expiration date on your I-20? No If yes, Departure Date:

TO BE COMPLETED BY ACADEMIC ADVISOR:

1. Is the student making normal, satisfactory progress toward the completion of his/her degree? Yes No, please explain:

2. This student is unable to complete his/her degree this semester. He/she is expected to complete the requirements for his/her program by: Spring, Summer, Fall of the Year

Number of hours required to complete the current program of study: (We cannot accept 0 hours)

How many of the hours required are "online-only"? (Please note that "online-only refers to 100% online or distance learning courses, or other coursework with only online requirements and no face-to-face component.)

3. Reason/s for extension (please check all that apply):
Delay Caused by:

Change in major Lost credits upon transfer to our school

Change in research topic Other (please explain on a separate paper)

Unexpected research problems

Note: We cannot extend an I-20 due to a delay caused by academic dismissal/probation.

I recommend that this student be allowed additional time to complete studies.

Academic Advisor's Signature: Date:

Name and Title (please print) E-mail:

FUNDING INFORMATION FOR EXTENSION REQUEST

To be Completed by Student:

Breakage of Expenses	Graduate Student	Undergraduate Student	Calculate
Number of credit hours left to complete the degree	<input type="text"/> x \$1,111 per credit hour	<input type="text"/> x \$ 721 per credit hour	+\$ <input type="text"/>
Select one of the following: Extension for one semester Extension for two semesters Extension for one year	<input type="radio"/> Add: \$6,462 <input type="radio"/> Add: \$12,925 <input type="radio"/> Add: \$17,754	<input type="radio"/> Add: \$6,232 <input type="radio"/> Add: \$12,465 <input type="radio"/> Add: \$17,064	+\$ <input type="text"/>
Spouse	<input type="radio"/> 1 Semester = \$2,000 <input type="radio"/> 2 Semesters = \$4,000 <input type="radio"/> 1 Year = \$6,000		+\$ <input type="text"/>
Number of Dependent Children	<input type="radio"/> x \$1,333 = 1 Semester <input type="radio"/> x \$2,667 = 2 Semesters <input type="radio"/> x \$4000 = 1 year		+\$ <input type="text"/>
TOTAL FUNDS YOU WILL NEED:			\$ <input type="text"/>

STUDENTS, PLEASE SIGN AND DATE:

I certify that the information given on this form is complete and accurate. I am fully aware that an incomplete form will result in a delay in processing my application, and that any false or misleading statements by me or my sponsor can result in a denial of the extension.

Applicant Name (print)

Applicant Signature

Date

STUDENTS with SPONSOR, SCHOLARSHIP, or PERSONAL FUNDS: COMPLETE THIS SECTION

SOURCES OF FUNDING: Please indicate your source(s) of funding for the requested period of extension of your I-20.

Check all that apply	Type of Funding	Required Documentation
<input type="checkbox"/>	Student Savings	Submit a Bank statement no more than 6 months old that includes: Name of Account holder, date, amount, type of account currency, amount available in US dollars.
<input type="checkbox"/>	Sponsor	Submit a Bank statement no more than 6 months old that includes: Name of Account holder, date, amount, type of account currency, amount available in US dollars. Completion of Sponsor Statement Below also Required.
<input type="checkbox"/>	Scholarship	Submit a copy of the award letter.
<input type="checkbox"/>	Assistantship - stipend and/or Waiver	Section below must be completed by academic department.

SPONSOR STATEMENT (A letter from your sponsor will also suffice).

I certify that the above information is correct, and that funding in the amount of \$ (as calculated above) will be available. I have enclosed bank and/or other financial institution verification demonstrating availability of funds required.

Name of Sponsor (please print)

Relationship to Applicant

Sponsor's Signature

Date

STUDENTS with ASSISTANTSHIPS, PLEASE ASK YOUR ACADEMIC DEPARTMENT TO COMPLETE THIS SECTION

Department Funding for the Duration of the Extension	Stipend Amount
The student will receive a stipend over the duration of the extension requested which totals:	\$ <input type="text"/>
Total number credit hours for which student will receive an out-of-state waiver (Example: 9 hrs each semester for 3 semesters = 27 hrs).	Hrs <input type="text"/>
Total number credit hours for which student will receive a matriculation waiver (Example: 9 hrs each semester for 3 semesters = 27 hrs)	Hrs <input type="text"/>

Will funding continue for the duration of the program, contingent upon satisfactory academic performance, satisfactory performance of assistantship duties, and availability of funds? Yes No If no, please explain:

Will the student be a Latin American/ Caribbean Scholarship recipient? Yes No if yes, specify amount of award: \$

Note: Please include a copy of LAC Scholarship Award letter with this form.

Department Contact Person: Phone: Email:

Name of Department Chair (print) Signature Date