



**Student: Submit this form and the Extension of I-20 form signed by your supervisor/academic advisor.**

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**Student Information (Completed by Student)**

Name: \_\_\_\_\_ FSUID: \_\_\_\_\_

Current I-20 program end date:

Indicate the semesters of your extension in which you expect to receive financial support from your department:

\_\_\_\_ Fall 20 \_\_\_\_\_

\_\_\_\_ Spring 20 \_\_\_\_\_

\_\_\_\_ Summer 20 \_\_\_\_\_

Total number of semesters: \_\_\_\_\_

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**Department Information (Completed by Department)**

This student is applying for an extension of the program completion date on their I-20 immigration form. The accompanying Extension of I-20 Form indicates the number of semesters approved for the extension.

Please complete this form to confirm what department funding is available for this student for the period of the requested extension.

Stipend (Indicate amount for all semesters that apply):

\$ \_\_\_\_\_ (Fall semester of extension)

\$ \_\_\_\_\_ (Spring semester of extension)

\$ \_\_\_\_\_ (Summer of extension)

Matriculation Waivers: \_\_\_\_\_ credits (Fall) \_\_\_\_\_ credits (Spring) \_\_\_\_\_ credits (Summer)

Out-of-State Waivers: \_\_\_\_\_ credits (Fall) \_\_\_\_\_ credits (Spring) \_\_\_\_\_ credits (Summer)

The student will receive \$ \_\_\_\_\_ as a health insurance subsidy for the period of the extension

Latin America/Caribbean Scholarship: \$ \_\_\_\_\_ for \_\_\_\_\_ semesters

Other: \_\_\_\_\_

Department Contact: \_\_\_\_\_

**Name and Title**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_