

I-20 EXTENSION REQUEST FORM

Complete the I-20 Extension Form below and submit to the Office of International Student Services (ISS) in-person or via email at international@udc.edu

All F-1 status students are given the standard program length for full-time study on their Form I-20. Students who do not complete their degree program by the program end date on their form I-20 may request an extension. Failure to request an I-20 extension in a timely manner will have negative consequences for the student's immigration status.

I-20 Extension requests should be received by the Office International Student Services (ISS) 30 days prior to the date on your current I-20.

I-20 Extension Eligibility:

I-20 Extensions may only be granted to students who can demonstrate that they have a compelling academic or medical reason to extend their program. Additional conditions below must also be met.

- Your current I-20 has not yet expired
- You have maintained a full courseload in all previous academic terms.
- You have a compelling academic or medical reason that necessitates the extension of your I-20.
- You are eligible to enroll for the upcoming term of study – All Student Account Holds must be cleared.

You are *not* eligible for a I-20 extension if any of the following apply:

- Your I-20 is already expired. (IF THE I-20 IS EXPIRED YOU MUST MEET WITH AN ISS DSO ON NEXT STEPS)
- You require additional study time because you were placed on academic probation or were academically suspended.
- You have otherwise failed to maintain your F-1 status (unauthorized employment or other status violations)

How to Request an I-20 Extension

1. Submit the I-20 of Extension Request Form (Pages 2,3,4)
 - Section A - Completed by the Student
 - Section B - Completed by the Faculty Advisor or Department Chair
 - Section C - Completed by Student
 - Section D - Completed by Student's Financial Sponsor
2. If your I-20 extension request is approved you will be given a new I-20 by ISS.

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Section A - To Be Completed by the Student

First Name	Middle Name	Last/Family Name
UDC ID Number	SEVIS ID Number	UDC Email
U.S Phone Number	Current U.S. Address	
Campus: _____ Community College _____ Van Ness (Flagship)		
Current Major	Academic Level	Current I-20 Expiration Date

Student Attestation: *The information I have provided on this form is true and completed to the best of knowledge and ability. I understand that any false information provided may result in the loss of my F-1 status. I agree to the F-1 Maintenance Status Terms and conditions set forth by the U.S. Department of Homeland Security: <https://studyinthestates.dhs.gov/students/maintaining-status>*

Student Name	Student Signature	Date
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Section B – To Be Completed by the Faculty Advisor or Department Chair

The above student is requesting an extension of their Form I-20 as required for maintaining their student visa status. Please complete the fields below to the best of your ability.

Name of Faculty Advisor or Department Chair	Phone Number	UDC Email Address
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Number of Credits student is currently registered for	Number of Credits to be taken in the next academic term	Total Number of course credits required to complete the degree program	Current G.P.A.	New Expected Program End Date (mm/dd/yyyy format)
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Reasons for Program Extension- Please indicate the Academic or Medical Necessity for the extension

Note: Academic Probation or Suspension are not permitted as reasons to extend the I-20. Please have the student contact the Office of International Student Services for next steps.

Change/Addition of Major or Concentration	Previous Medical Leave or Reduced Courseload
Course Sequence/Availability	Unexpected Research/Thesis or Dissertation Delays
Other (Please explain): _____	

Faculty Advisor/Chair Attestation: I have met with the student listed in **Section A** regarding the status of their degree progress and completion. I have completed this form to the best of my knowledge and ability.

Faculty Advisor/Chair Signature	Date:
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SECTION C - EXTENSION COST OF ATTENDANCE					
(Chart A)					
<hr style="border: none; border-top: 1px solid black;"/>	Length of the Extension (in Months)				
<hr style="border: none; border-top: 1px solid black;"/>	Number of Credits to be taken during the extension (From Section B)				
<hr style="border: none; border-top: 1px solid black;"/>	Number of Dependents				
(Chart B) ESTIMATED ANNUAL COST OF FULL TIME ATTENDANCE (12 months) *					
UDC Tuition and Fees for Non-Residents: https://www.udc.edu/admissions/tuition-fees/					
David A. Clark School of Law: https://law.udc.edu/finaidcost/					
*Full-time for F-1 = 12 credits per semester (Associates/Bachelor), 9 credits per semester (Masters/Doctoral)					
**Note: Amounts are subject to change annually					
	<u>Associate's Degree</u>	<u>Bachelor's Degree</u>	<u>Bachelor's Engineering</u>	<u>Graduate</u>	<u>Law</u>
Tuition & Fees**	\$ 8,444	\$16,772	\$17,828	\$18,176	\$27,361
Living Expenses	\$ 16,425	\$16,425	\$16,425	\$16,425	\$16,425
Books, Travel, and Personal Expenses	\$ 6,008	\$6,008	\$6,008	\$6,008	\$6,008
<small>*Health Insurance included (fee), \$3,000 for one dependent, \$2,500 USD for each additional dependent</small>					
TOTAL:	\$ 30,887	\$ 39,205	\$ 40,261	\$ 40,609	\$ 49,794
FUNDING SOURCE INFORMATION. Enter the funding sources and the amounts available.					
All funding source documents are required to: <ul style="list-style-type: none"> Be in English or include an official English Translation Include the date of issue Be less than 3 months old Include the name of the sponsor Include the amount of funding provided by the sponsor List Currency Name (if not in US Dollars -USD) 		For UDC Funding and Government/Corporate Funding sources an Affidavit of Support Certification (Page 2) is NOT required. Please provide the award letter <u>on letterhead</u>		<div style="text-align: center;"><u>NOT ACCEPTED</u></div> <ul style="list-style-type: none"> Form I-134 (USCIS Affidavit of Support) Tax Returns or Documents Proof of Income Letters or Statements Proof of Employment Pay Stubs/Statements Non-Liquid assets (property, land, businesses, etc.) 	
Estimated Cost (from Chart A & B)	Funding Source	Funding Type	Funding Amount (U.S. Dollars)		
\$ <hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	\$ <hr style="border: none; border-top: 1px solid black;"/>		
	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	\$ <hr style="border: none; border-top: 1px solid black;"/>		
	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	\$ <hr style="border: none; border-top: 1px solid black;"/>		
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SECTION D – To Be Completed by Student’s Financial Sponsor

1. FIRST NAME _____ MIDDLE NAME _____ LAST/FAMILY NAME _____

ADDRESS: _____ CITY _____ STATE/PROVINCE _____ COUNTRY _____

RELATIONSHIP TO STUDENT: _____

2. FIRST NAME _____ MIDDLE NAME _____ LAST/FAMILY NAME _____

ADDRESS: _____ CITY _____ STATE/PROVINCE _____ COUNTRY _____

RELATIONSHIP TO STUDENT: _____

FINANCIAL SPONSOR ATTESTATION:

*I certify that the information provided by myself as a financial sponsor for _____'s
(Name of the Student)
educational expenses (including but not limited to tuition, fees, living expenses, books, travel and additional expenses) are complete and accurate. I also confirm that all funding offered is available for immediate use.*

SIGNATURE _____ DATE: _____

Notary Official Certification Acknowledgement

On the day _____ of _____,
20 _____ (Day/Month/Year format)

(Name of Financial Sponsor or their authorized representative)

Appeared before me to be the person whose name is subscribed to the within documentation and information and acknowledge that the above individual executed the same of the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal

Name of Notary Public or Attestation Official (**Print**) _____

Notary Public or Attestation Official Signature _____

Certification/Seal or Stamp

