PROGRAM EXTENSION
FOR F-1 STUDENTS

REQUIREMENTS FOR PROGRAM EXTENSION

If you require more time to complete your program of studies than indicated on Form I-20, you must meet the following criteria:

• Apply for an extension prior to the program end date listed on Form I-20. Submit the application at least 90 days prior to the end date.
• Have continually maintained F-1 student status
• Provide financial support documentation showing funding for the duration of extension

INSTRUCTIONS

Submit the following documents to International Services at least 90 days prior to the expiration date on your Form I-20:

• Complete the attached Program Extension Request Form
  o Part A: To be completed by student
  o Part B: To be completed by the student’s Academic Advisor
  o Part C: To be completed by student’s sponsor (if applicable)

• Once the Program Extension Request Form is completed by you, your sponsor (if applicable) and your academic advisor, submit it to International Services with the following financial documents showing funding for the duration of your extension:
  o Current bank statement, showing enough funds to support your expenses (and that of your dependents, if any) for the duration of your extension. Expenses include tuition and fees, living expenses, and miscellaneous expenses.
  o An updated graduate assistantship letter, if applicable.

Listed below are approximate expenses for one academic year (two semesters). Based on the number of extra semesters required to complete your studies submit bank statement showing enough funds

Example: If you need two semesters to complete your program, then submit bank statement showing total amount listed below for your program. If you need one semester to complete your program, then submit bank statement showing half of the total amount listed below for your program

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate</th>
<th>Graduate</th>
<th>Doctorate</th>
<th>MBA</th>
<th>Performer’s Certificate</th>
<th>Artist Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$ 23,500</td>
<td>$ 20,500</td>
<td>$ 17,500</td>
<td>$ 25,500</td>
<td>$ 11,500</td>
<td>$ 11,500</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
</tr>
<tr>
<td>Misc. Expenses</td>
<td>$ 4,000</td>
<td>$ 4,000</td>
<td>$ 4,000</td>
<td>$ 4,000</td>
<td>$ 4,000</td>
<td>$ 4,000</td>
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<tr>
<td>TOTAL ESTIMATE</td>
<td>$ 42,500</td>
<td>$ 39,500</td>
<td>$ 36,500</td>
<td>$ 44,500</td>
<td>$ 30,500</td>
<td>$ 30,500</td>
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</tbody>
</table>
PART A: To Be Completed by Student

Name: ______________________________________________________________

Last Name

First Name

Campus ID#: ___________________ Current end date of I-20: ______________________

If you need an I-20 for your dependents, check the appropriate box(es): Spouse ☐ Children ☐ how many? ______

Student Signature: ___________________________ Date: ________________ Telephone#: __________________________

PART B: To Be Completed by Student’s Academic Advisor

The completion of this form by you is required for an international student in F-1 status to apply for an extension of the student’s program of study as indicated by the completion date on the student’s Form I-20. Please complete this form in full and return it to the student. If you have any questions, please contact an International Student Advisor. Thank you for your cooperation.

Degree pursuing: Bachelor’s ☐ Master’s ☐ Doctoral ☐ Certificate ☐ No. of credits left to complete program: __________

I anticipate that this student will complete all requirements for the current program of study on or about: _________________ mm/dd/yyyy

The student has not yet completed the current program of study due to (please check all that apply):

☐ Delays caused by a change of major

☐ Delays caused by a change in research topic

☐ Delays caused by unexpected research problem

☐ Delays caused by lost credits upon transfer to our school

☐ Delays caused by incompletion of thesis

☐ Other

Please provide an explanation for each reason checked above: ______________________________________________________

________________________________________________________________________________________________________________

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

__________________________________________________

Advisor’s Name & Title

__________________________________________________

Advisor’s Signature

______________________________________

Department

Telephone

Date

PART C: To Be Completed by Student’s Sponsor (if applicable)

I, ____________________________________________ here by certify that I will support the above named student with his/her expenses for

First Name, Last Name

every year of study at Montclair State University. I have attached a bank statement/letter to prove that the promised resources are available.

Signature of Sponsor: ___________________________ Date: ________________