



## REQUEST FOR EXTENSION OF I-20 PROGRAM END DATE

First Name	Last Name	Student ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone Number	
<input type="text"/>	<input type="text"/>	

Please select the reason below for your I-20 Extension Request:

- Change of major
- Medical (must attach medical documentation)
- More research required by thesis advisor/committee (graduate students only)
- Other (please specify)

Current I-20 End Date (MM/DD/YYYY)	Requested I-20 End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

### PROOF OF FINANCIAL SUPPORT

**NOTE: Proof of Financial Support must be submitted with this form to demonstrate financial capability for extended period of study. For sponsors, an *Affidavit of Support* form will be required.**

Personal Funds \$

Sponsored Funds \$

Name(s) of your financial sponsors

Other Funds \$

Other Funding Explanation

### TO BE COMPLETED BY ACADEMIC DEPARTMENT

Student's Major	Student's Expected Graduation Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Advisor's Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>