

Office of International Education Delaney Hall B-25, 920 Grant Street Indiana, PA 15705-1070 (724) 357-2295 www.iup.edu/international intl-education@iup.edu

EXTENSION OF PROGRAM

When you need to continue in an educational program beyond the date originally estimated for completion of the program, you must apply for an extension at least 2 weeks before the expiration date on the I-20 or DS-2019. As an F-1 or J-1 student, you are eligible to apply if you have continually maintained status and the delay in completion of studies is caused by compelling academic or medical reasons. If you are out of status, you must apply for reinstatement.

For extension, submit the following to the Office of International Education (OIE):

- 1. Complete this request form
- 2. Show proof of financial support for the extension with signatures. J visa holders also must show insurance to cover the extension period.
- 3. Academic Advisor Recommendation Form completed by your academic advisor attesting to the valid academic reasons why your program could not be completed within the allotted time and specifying an expected completion date of your program.

Please note: one year maximum extension per request.

One week after you submit the required documentation, you must come in to sign your new I-20, or DS-2019 and to collect your copy.

NAME	DATE
E-MAIL	BANNER ID @
CURRENT ADDRESS	
TELEPHONE #	SIGNATURE
EXTENSION REQUESTED—New E	nd Date:



Office of International Education Delaney Hall B-25, 920 Grant Street Indiana, PA 15705-1070 (724) 357-2295 www.iup.edu/international

FINANCIAL SUPPORT

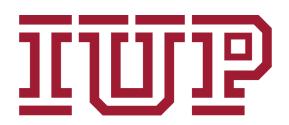
Program	One semester extension	Two semester
ALI (full-time)	\$4700	\$9400
Bachelor's (12 credits/semester)	\$12,500	\$25,000
Masters (9 credits/semester)	\$9,600	\$19,200
Doctoral—Dissertation credits only	\$2500	\$5000
Estimated Housing Cost	\$6000	\$12000
Dependents (spouse \$5000; child \$3000)		

TOTAL ESTIMATED COST FOR PROGRAM EXTENSION

Please write your estimated total for your program extension based on numbers above. List where your funding will come from for the duration of your studies. Please identify the source(s) and amount of funds available for your program extension. Self and family funds do not require bank statements—just a signature. Funding from a non-parent, spouse must be verified by a supporting bank letter which must include an account number, account type, the amount in U.S. currency, and be signed and dated by a bank official. The name of sponsor(s) must be on the bank statement.

TYPE OF SPONSORS	AMOUNT
Self-Sponsored – Complete the form below indicating yourself as the sponsor.	\$
Family Funds – The sponsor must complete the form below.	\$
Company Sponsored – Submit a letter on an official letterhead from sponsor that includes student's name and indicates in detail which costs (tuition, fees, room, meals, etc.) will be provided.	\$
Other (specify) – The sponsor must complete the section below. Submit a current bank statement verifying that the amount is available.	\$

6. Sponsor: This section must be completed a must be included.	nd signed by the sponsor. A bank statement including the sponsor's name
NAME OF SPONSOR (PRINT) This is to certify that I, the sponsor,	RELATIONSHIP OF SPONSOR TO APPLICANT will provide funds in the amount of at least U.S.
\$ plus any increase due to in	flation, per academic year (9 mos.) for tuition, fees, living expenses, and
insurance for	(Student Name).
Sponsor's signature:	Date:
	ents given by me in this form are complete and accurate. Furthermore, should rupted or stopped. I understand that I remain responsible for all financial
Signature of Student:	Date:



Date:_____

Office of International Education Delaney Hall B-25, 920 Grant Street Indiana, PA 15705-1070 (724) 357-2295 www.iup.edu/international

ACADEMIC ADVISOR'S RECOMMENDATION EXTENSION OF PROGRAM

Student Name:		Banner ID: @	
	•	r a student in F-1 status to be granted an exteram. Students can get a 1 year extension at a	
Has this student bee	en continuously enroll N	ed for a full course of study? NO	
	-	or his/her current program on num extension per request)	
May 20	Aug 20	Dec 20	
This student has no reasons that apply).	t yet completed the cu	rrent program of study due to: (please check	all
-	aused by change in ma	•	
•	aused by change in res aused by unexpected p	•	
•	, ,	pon transfer to our school	
No unu			
	riginal length of time se student in this progr	given to complete studies was not reasonab ram.	le for ar
		everse side of this form)	
I therefore recommend t	hat this student be a	allowed additional time to complete studi	es.
Academic Adviser's Signati	ıre		
Department (Please Print)			
Phone			
⊬mail			