I-20 Extension Request

v. 12.2019

If hand written, please write very clearly to avoid delays in processing.

Purpose: To properly maintain status by extension of the student's program of study dates in SEVIS and to provide an updated form I-20 reflecting that extension, prior to original expiration and loss of status.
Regulation: 9 CFR214.2(f)7(iii)

SECTION I: STUDENT INFO

Student's Family (Last) Name: _____Given (First) Name_____

Date of Birth (mm/dd/yyyy): _____   Student ID #: 917_____

UWG Email: _____@westga.edu   SEVIS #: N00 _____

Degree Level: Bachelors ☐   Masters ☐   Doctorate ☐   Major: _____

SECTION II: DETAILS OF EXTENSION REQUEST

What is the *current* program end date on your form I-20?   _____
(mm/dd/yyyy)

What is the *requested* program end date? _____
(mm/dd/yyyy)

Briefly explain why you need an extension.

Is your Academic Advisor / Department aware of your Extension request? ☐ Yes   ☐ No

- *If NO, ISAP cannot process your Extension. Please communicate your plans to them first.*
- *If YES, please ask your academic advisor to initial here: _____ and complete section IV below.*

SECTION III: FINANCIAL SUPPORT

An extension of status requires proof of funding to cover estimated costs of tuition, fees, food, lodging and insurance during the extension. Please provide documentation of your financing below.

Source of Funds	Names / Details	Docs Attached (Y / N)	Amount in US$
Family / Parents			
Bank			
Gov't Agency			
Scholarship / Grant			
Other			
TOTAL			$US

SECTION IV: ACADEMIC ADVISOR

I am aware of the circumstances above, have reviewed the student's academic progress and standing, and I recommend an Extension of Status as indicated in section II above. I understand that an extension is not "elective" and may not be used to extend status. Valid reasons include: academic circumstances, change of research focus, change of major, etc…

Academic Advisor's Name: _____   Email: _____@westga.edu

Title: _____   UWG Phone: _____

Academic Advisor's Signature: _____   Date of Signature: _____
(mm/dd/yyyy)

STUDENT: Please acknowledge the Statements Below.

I Understand…

- I am responsible for my immigration status and knowing when it ends.
- I <u>cannot</u> request an extension after the program end date.
- The extension is only for the duration approved by ISAP as recommended by your academic advisor.

Student's Signature & Date: _____
(mm/dd/yyyy)

WHAT's NEXT:

Submit this form to ISAP. You will receive email confirmation of your extension after review within 1-3 business days. Your status is only extended once we make changes in SEVIS based on the information above.