

**F-1 Student I-20 Extension Request**

**International Student Services**

**Albany State University**

***You must submit our request with all necessary documentation at least 5 business days before the expiration date your I-20. Failure to request and extension prior to the program expiration date will result in the loss of your F-1 statue. Students must also provide financial documentation proving sufficient funding for full-time study for the recommended period of extension.***

**Section 1: TO BE COMPLETED BY THE STUDENT**

**Eligibility:**

1. Students must submit all documents for an extension request BEFORE I-20 expiration date.

2. Students must have maintained and is currently maintain F-1 status

3. The delay in completion of studies must be cause by compelling, substantive academic or medical reason.

4. The student must be making progress towards their academic objective.

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**Family Name First Name Middle Name Student ID #**

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| --- | --- | --- | --- |
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**Academic Department Major of Study Date of Request SEVIS ID #**

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| --- | --- | --- |
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**Current I-20 Expiration Date Email Telephone**

**Section 2: TO BE COMPLETED BY ACADEMIC ADVISOR**

This section is to be completed by the Academic Advisor or International Coordinator.

1. Student’s anticipated completion date: \_\_\_\_\_\_\_\_\_\_\_\_ Semester □Fall □Spring □Summer Year \_\_\_\_\_

2. Describe why the students program could not be completed within the allotted time:

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3. Is the student making normal progress towards his or her degree? (Please Check) □Yes or □No

4. The student has not yet completed the current program of study due to (Check All That Apply):

□ Delays caused by a change of major or study □ Delays cause by unexpected research problems

□ Delays caused by change in research topic □ Delays caused by loss of credits upon transfer to ASU

□No unusual delay: original length of time given to complete program was insufficient.

□Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (PLEASE PRINT):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** :(\_\_\_) \_\_\_\_ - \_\_\_\_\_\_\_ **ASU E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@asurams.edu

◊ Please fill out Section 3 on the reverse side of this form to complete your request\*

2400 Gillionville Road Albany, GA 31707-3098

Phone: 229-420-7075 (East) 229-317-6924 (West) Email: [SueAnn.Balch@asurams.edu](mailto:SueAnn.Balch@asurams.edu)



\*Undergraduate tuition/fees are based on 12 credit hours, except for summer semester. Summer tuition/fees are based on 6 credit hours. Students are responsible for remaining fees. Fees do not include any additional lab fees, applied music fees or physical education fees.

**Financial Documentation is Required!**

An original bank statement or department funding letter that is less than one year old must accompany this request when turning it into the ISS office. The total amount of funding shown on the financial documents must be greater than or equal to the above section E.

**SOURCE OF SUPPORT**

ASU Fellowship

Fall- Tuition Wavier $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Half-Tuition Wavier $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Please Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify all information provided is accurate.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_