



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

First Name  Last Name  Student ID   
Email address  Phone Number

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)

**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   
Advisor's Name  Signature  Date