Extension of Stay (for Students in F-1 or J-1 Status)

Your permission to stay in the US ends on the date listed on item 5 on your I-20. If you need to stay beyond the date listed on your I-20 and you meet the conditions outlined above, you will need to complete the extension application. You are eligible for an extension of stay if:

- You are currently and will continue to be a full-time student;
- You have always been a full-time student (delayed (DL), excused (EX), and withdrawn (Y) grades, do not count towards full-time enrollment);
- You are making satisfactory progress towards the completion of your educational program;
- You can demonstrate funding for the period of your extension; and,
- You do not have a hold on your student account.

An extension can be granted for only up to one year at a time. If you will require more than one year to complete your program, you will need to request additional extension(s) in subsequent semester(s).

Approximately four weeks before your I-20 expires, you need to submit the following documents to ISS:

1. I-20 request form (attached);
2. “Academic Advisor’s Recommendation for an Extension of a Program of Study” completed and signed by your academic advisor (attached); and
3. Financial documents: e.g., bank statement or letter from a bank. Please use the guide below to determine how much funding will need to be shown. If your remaining course load will not necessitate your enrollment as a full-time student, please see our office for updated financial figures. If you have any dependents in the United States, you will also have to provide evidence of additional support as shown on the I-20 request form for those dependents.

<table>
<thead>
<tr>
<th>2018-2019 Academic Year Costs</th>
<th>Undergraduate</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Resident Tuition</td>
<td>$22,320</td>
<td>$21,054</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$11,140</td>
<td>$11,140</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$1,885</td>
<td>$1,885</td>
</tr>
<tr>
<td>Total</td>
<td>$35,345</td>
<td>$34,079</td>
</tr>
</tbody>
</table>

*If you have dependents in the US, additional annual funds of $4000 for a spouse and $3500 per child must be shown*
Request for an extension of an I-20 document

Your Name: _______________________________________ , _________________________________
Family/Last Name                                Given/First Name(s)

Student Number: ______________________________     Today’s Date: _________________________

Email Address: _________________________________
please print clearly

Your Degree Program/Major: __________________________

Current Level: Bachelor’s Master’s Graduate Certificate PhD OD
select one

Country of Birth: ___________________________ Citizenship: _______________________________

Will you be traveling outside of the United States soon?    Yes     No
select one

If yes, where? ________________________________________________________________________

If yes, when does your visa expire? _______________________________________________________

If you have dependents in the US, please list their names and relationships to you below:
_______________________________________  ___________________________________________
_______________________________________  ___________________________________________
_______________________________________  ___________________________________________
_______________________________________  ___________________________________________
_______________________________________  ___________________________________________
_______________________________________  ___________________________________________

*If you have dependents in the US, additional annual funds of $4000 for a spouse and $3500 per child must be shown

For use by OISSS staff only

Hold(s)? ___________________________________  Current enrollment: ______________________

Periods of RCL?
__________________________________________
Academic Advisor’s Recommendation for an Extension of a Program of Study

Student Information (student completes this section)

Your Name: ______________________________________, ______________________________________
Family/Last Name                                                   Given/First Name(s)
Student Number: __________________________ Today’s Date: _______________________
Your Degree Program/Major: _____________________________________________________
Current Level: Bachelor’s Master’s Graduate Certificate PhD OD
select one

Extension Recommendation (advisor completes this section)

This form will help to facilitate the extension of the program for an international student. Please complete this form fully if you think the student should be given additional time to complete her/his degree.

1. Is this student making normal progress towards her/his current degree?    Yes     No
select one

2. Do you recommend this student be given additional time for her/his studies?    Yes     No
select one

3. The student needs _____ credit hour(s) for _______ semester(s) to complete program of study

4. The student should graduate in __________

5. This student has not completed the current program due to a delay caused by (check all that apply):
   [  ] A change in major field of study
   [  ] A loss of credits upon transfer to UM-St. Louis
   [  ] The need for additional academic preparation for major (e.g., ESL, prerequisites, etc.)
   [  ] A change in research topic (for graduate students only)
   [  ] Unexpected research problems (for graduate students only)
   [  ] Other (please explain):
   _______________________________________ ______________________________

Signature           Date
_____________________________________ ______________________________
Print Name       Title