EXTENSION OF PROGRAM OF STUDY FOR F-1/J-1 NON-IMMIGRANT STUDENT

When an international student on an F-1 or J-1 visa is originally issued an I-20 or DS-2019, it is for a specific period of time – usually the average time it takes for a student to complete their academic program. However, for a variety of reasons, it sometimes takes students longer to finish their programs than previously expected. The United States Citizenship and Immigration Services (USCIS) allows for this possibility by giving international students the opportunity to extend the end date on their I-20s/DS-2019s in order to remain in the United States and complete their programs.

Students who are nearing the end date on their I-20s (located at line #5 on the I-20) or their DS-2019s (located at line #3 on the DS-2019) may apply for an extension any time during the semester prior to that end date. Failure to apply prior to the I-20/DS-2019 end date will result in the student being “out of status” and having to face potential immigration problems.

To apply for an extension, a student MUST provide:

- A legitimate academic reason why the extension is necessary (verified by the academic advisor)
- The agreement of the academic department (the Advisor’s Recommendation Form)
- Proof of funding necessary to support the student during their extended stay. May be in the form of:
  - Departmental support/graduate assistantship (the department must provide a letter of support or check the box on the Advisor’s Recommendation Form and provide the necessary dollar amounts)
  - Student’s personal funds (please provide a bank statement no more than 2 months old)
  - Student’s family funds (please provide a signed affidavit of support and family member’s bank statement no more than 2 months old)
- An unofficial copy of UAlbany transcripts
- Photocopy of most recent I-20/DS-2019

Please note: I-20 and DS-2019 extensions are limited to a maximum of one year at a time by SEVIS. Extension requests of more than one year in length will automatically be shortened to the one year maximum. Any further extensions will need to be applied for at a later date.
**ADVISOR’S RECOMMENDATION FOR EXTENSION OF STAY**
FOR F-1/J-1 INTERNATIONAL STUDENT

*To be completed by the Student:*

Name of Student: __________________________, __________________________

Family name                  Given name

Student ID #: ________________  Field of Study: __________________________

Level of Study: 

Bachelor’s  Master’s  Doctoral

(Please circle one)

*To be completed by the Academic Advisor:*

After reviewing the student’s academic record, I expect that he/she will complete all requirements for this program on or about: _______ _______ _______

Month  Day  Year

The student named above has not yet completed the current program of study for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I, therefore, recommend that the student be granted the additional time to complete the program of study. (Check box below and fill in amounts, if applicable.)

☐ The student is expected to receive financial assistance which provides a stipend of _______________ and/or a tuition scholarship for ______ credits for the period of extension.

(Attach an award letter.)

________________________________________

Advisor’s Name, Title, Academic Department

________________________________________

Advisor’s Telephone Number  Advisor’s Signature and Date

________________________________________

Department Chair’s Name  Department Chair’s Signature and Date
REQUEST FOR I-20/DS-2019 FORM

Please complete the following information and return this form with a copy of your current I-20/DS-2019 and financial documentation to ISSS. After the submission of your complete application, the new I-20/DS-2019 will be ready for you within 5-7 business days in the ISSS mail slots. If you have any questions, please contact us:

Phone: 518-591-8189    Fax: 518-591-8171    E-mail: isss@albany.edu

NAME: _________________________, __________________  Date of birth: _____  _____  ______
Family Name  Given Name  mm  dd  yyyy

STUDENT ID #: _________________________  SEVIS ID #: NO0
(Located on the upper right corner if page 1 of your I-20/DS-2019)

COUNTRY OF BIRTH: ____________________  COUNTRY OF CITIZENSHIP: _________________

ADDRESS IN HOME COUNTRY:  ADDRESS IN US (IF KNOWN):

_______________________________________  ______________________________________
_______________________________________  ______________________________________
_______________________________________  ______________________________________

PHONE NUMBER: _________________________  E-MAIL ADDRESS: _________________________

PURPOSE OF THIS REQUEST FOR I-20: (please check all that apply)

_____ Extension of Program of Study
_____ Other (please explain): ______________________________________________________

Do you have dependents with you here in the United States that also need a new I-20/DS-2019?
Check: Yes _______  No ________

If yes, please fill in their information below:

* Dependent Name  Relationship  Nationality  Date of Birth  Place of Birth
[please underline last name]  [wife/husband/son/daughter]  [city or province, country]

_______________________________________  ______________________________________
_______________________________________  ______________________________________

Please turn over -->
MAJOR FIELD OF STUDY: ______________________         EXPECTED COMPLETION DATE: _____   ____   ______

CURRENT LEVEL OF STUDY (please circle one):
Bachelor’s  Non-degree Undergraduate  Master’s  Doctorate  Non-degree Graduate
Other (please specify): ______________________

Indicate the number of credits for which you will register for NEXT SEMESTER: ________ credits.

___________________________________
___________________________________

FINANCIAL INFORMATION

- Attached is the latest **summary of cost estimates** for both graduate and undergraduate students. Please use these figures to guide you in providing the financial information that shows that you have the required funding to meet these costs of study.
- Please supply bank statements, award /assistantship letters, or/and other documents to demonstrate your financial support. A use of bank documentation from sponsors will require the individual’s signature. **Without verification of finances, your I-20/DS-2019 cannot be prepared.**

**SUMMARY OF FINANCIAL SUPPORT**

<table>
<thead>
<tr>
<th>Source</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s personal funds</td>
<td></td>
</tr>
</tbody>
</table>
| Funds from University:
  Assistantship/Fellowship                  |            |
  Tuition Waiver Scholarship                 |            |
| Other Institutional Funding (please specify)|            |
| **Fund from sponsors / other sources (please specify)** | $          |
| TOTAL                                       | $          |

**Affidavit of Support to be completed by sponsor(s):**
(If the sponsor is unable to fill out the below section, a letter containing the information below can be accepted)

I am willing and able to sponsor __________________ (insert student’s name) with the minimum amount of __________________ U.S. dollars for his/her tuition and living expenses while attending the University at Albany. I have attached bank documentation no more than two months old indicating account funds sufficient for sponsorship.

____________________________________          _____/_____/____
Sponsor Signature                         Month  Day  Year       Relationship to Student

____________________________________
Sponsor Name Printed

____________________________________
Student Signature                          Date                       Student Name Printed
Chose the category to which you belong.

- Use these cost estimates to determine the amount of financial support you need to show through bank statements and letters of support when you request an I-20 or DS-2019 form.
- These fees are for 2 semesters. If you only have one semester left, you need only show half the total amount listed.
- Please remember that you must be a full-time student (12 credits) unless you have permission from ISSS to have a Reduced Course Load.

### Undergraduate On Campus (12 credits/semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees*</td>
<td>$25,159.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$15,986.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$41,145.00</strong></td>
</tr>
</tbody>
</table>

### Undergraduate Off Campus (12 credits/semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees*</td>
<td>$28,736.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$10,950.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$39,686.00</strong></td>
</tr>
</tbody>
</table>

### Graduate (12 credits/semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees*</td>
<td>$27,630.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$10,950.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$38,580.00</strong></td>
</tr>
</tbody>
</table>

### Graduate (9 credits/semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees*</td>
<td>$21,108.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$10,850.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$31,958.00</strong></td>
</tr>
</tbody>
</table>

### Graduate (3 credits/semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees*</td>
<td>$8,028.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$10,650.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$18,678.00</strong></td>
</tr>
</tbody>
</table>

### Doctoral Student at Candidacy Stage (1 dissertation credit)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees*</td>
<td>$3,509.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$10,550.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$14,059.00</strong></td>
</tr>
</tbody>
</table>

### Dependent Spouse or Child

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total – each dependent (F-2 or J-2)</td>
<td><strong>$4,000.00</strong></td>
</tr>
</tbody>
</table>

*These are estimated fees only. They are expected to change without notice by official action of the SUNY Board of Trustees. The fees reflected on your SUNY bill may be different.