I-20 Extension Form

When an international student on an F-1 visa is originally issued an I-20, 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 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) may apply for an extension any time during the semester prior to that end date. Failure to apply prior to the I-20 end date will result in the student being “out of status” and having to face potential immigration problems.

To apply for an I-20 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

Please note: I-20 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.
**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, if available.)

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 FORM (F-1 STUDENTS)

Please complete the following information and return this form with a copy of your current I-20 and financial documentation to ISSS. After the submission of your complete application, the new I-20 will be ready for you within 5 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 #: N00________________________
     (Located on the upper right corner if page 1 of your I-20)

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

_____ Send for dependent spouse and/or child(ren) - Complete below*

_____ Return to school after military service

_____ Return to school after leave of absence

_____ Other (please explain): __________________________________________

* Dependent Name [please underline last name]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Nationality</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>[wife/husband/son/daughter]</td>
<td></td>
<td></td>
<td>[city or province, country]</td>
</tr>
</tbody>
</table>

If you are transferring back to UAlbany after spending some time at another U.S. college/university, on what date will your I-20 be released to UAlbany? _____ _____ _____

Please consult with the international student advisor at your current school.

If you are traveling outside the US, when do you expect to return to after your visit? _____ _____ _____

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 cannot be prepared.**

SUMMARY OF FINANCIAL SUPPORT

Student’s personal funds $ ______________

Funds from University:
   Assistantship/Fellowship $ ______________ (Stipend amount only)
   Tuition Waiver Scholarship $ ______________ (Please show $ amount: see attached cost sheet)

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 ___________________________ with the minimum amount of ___________________ U.S. dollars for his/her tuition and living expenses while attending the ___________________________.

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 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 Students, Full Time (12 credits/semester):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees*</td>
<td>$23,562.00</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$15,409.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$38,971.00</strong></td>
</tr>
</tbody>
</table>

### Graduate Students, Full Time (12 credits/semester):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees*</td>
<td>$25,312.00</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$10,950.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$36,262.00</strong></td>
</tr>
</tbody>
</table>

### Graduate Students with Assistantships (9 credits/semester):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees*</td>
<td>$19,759.00</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$10,850.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$30,609.00</strong></td>
</tr>
</tbody>
</table>

### Graduate Students (3 credits/semester):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees*</td>
<td>$ 8,654.00</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$10,650.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$19,304.00</strong></td>
</tr>
</tbody>
</table>

### Doctoral Students at Candidacy Stage (1 dissertation credit – course number 899 ONLY/semester):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees*</td>
<td>$ 4,952.00</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$10,550.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$15,502.00</strong></td>
</tr>
</tbody>
</table>

### Dependents:

| Total – each dependent (F-2 or J-2) | $4,000.00 |

International students pay at the *out-of-state* tuition rate. Fees include University SEVIS fee and mandatory health insurance. These are estimates only. Other fees may apply.