ACADEMIC ADVISOR’S RECOMMENDATION FOR EXTENSION OF PROGRAM OF STUDY
FOR F-1 NON-IMMIGRANT STUDENT

The United States Citizenship and Immigration Services (USCIS) requires campuses to designate expected periods of time necessary for international students to complete certain degrees. The expected completion date is noted on item #5 of the I-20 form, originally prepared by the admitting office. Campuses are further allowed to add one year to the expected completion date in that item of the I-20 in order to allow a reasonable grace period for students who exceed the expected completion date. Thus, for example, a master’s program that normally takes 2 years could be listed on item #5 as a program which takes 3 years. Again, extensions can only be given for one semester or one year at a time.

Students who are nearing the expiration date of their program as noted on item #5 of the I-20 form must apply for an extension of program during the semester (no later than 30 days before the current end date). Failure to take care of this matter renders the student “out of status” and in a “deportable” situation. Expense and inconvenience would then most likely occur for the student to get back into valid F-1 status. Also, there is no guarantee that after the expense and inconvenience the student would be granted reinstatement. Students may apply for an extension under special circumstances such as change in major field or research topic, unexpected research problem or compelling and documented medical reasons. (Delays caused by academic probation or suspension would not be acceptable reasons for extending the program of study).

- Please complete the form on the reverse and have the student return it to the International Student and Scholar Services for processing.
- If you have any questions, please contact us:

  International Student and Scholar Services
  Phone: 518-591-8189   Fax: 518-591-8171   E-mail: isss@albany.edu
* This form needs to be filled out by the Academic Advisor.

Name of Student: ____________________, ____________________

Family name Given name

Student ID #: ___________________________ Field of Study: ________________________________

Level of Study: Bachelor’s Master’s Doctoral
(Please circle one)

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 Signature

________________________________________
Department Chair’s Name

________________________________________
Department Chair’s Signature

Today’s 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)

_____ Replace a lost or stolen I-20
_____ Extension of Program of Study
_____ Change 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    Relationship    Nationality    Date of Birth    Place of Birth
[please underline last name] [wife/husband/son/daughter] [city or province, country]

________________________________________    ________________________________________

________________________________________    ________________________________________

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: _____ _____ _______ mm dd yyyy

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 individuals' signature. Without verification of finances, your I-20 cannot be prepared.

### SUMMARY OF FINANCIAL SUPPORT

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's personal funds</td>
<td>$ ________</td>
</tr>
<tr>
<td>Funds from University:</td>
<td></td>
</tr>
<tr>
<td>Assistantship/Fellowship</td>
<td>$ ________ (Stipend amount only)</td>
</tr>
<tr>
<td>Tuition Waiver Scholarship</td>
<td>$ ________ (Please show $ amount: see attached cost sheet)</td>
</tr>
<tr>
<td>Other Institutional Funding (please specify)</td>
<td>$ ________</td>
</tr>
<tr>
<td><strong>Fund from sponsors / other sources (please specify)</strong></td>
<td>$ ________</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$ ________</td>
</tr>
</tbody>
</table>

**Affidavit of Support to be Completed by Sponsor(s)**

I am willing and able to sponsor _______________________________ with the minimum amount of (insert student’s name) __________________________ U.S. dollars for his/her tuition and living expenses while attending the (insert amount)

University at Albany. I have attached bank documentation no more than six 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
### Cost Estimates for International Students (9 months):

Please 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.

#### Undergraduate Students, Full Time (12 credits/semester):
- Tuition and fees*: $21,468.00
- Living expenses: $14,886.00
- Total: $36,354.00

#### Graduate Students, Full Time (12 credits/semester):
- Tuition and fees*: $23,063.00
- Living expenses: $10,700.00
- Total: $33,763.00

#### Graduate Students with Assistantships (9 credits/semester):
- Tuition and fees*: $17,616.00
- Living expenses: $10,600.00
- Total: $28,216.00

- Doctoral Students after coursework before candidacy (3 credits/semester):
  - Tuition and fees*: $6,753.00
  - Living expenses: $10,400.00
  - Total: $17,153.00

- Doctoral Students at Candidacy Stage (1 dissertation credit – course number 899 ONLY/semester):
  - Tuition and fees*: $3,146.00
  - Living expenses: $10,300.00
  - Total: $13,446.00

**Note:** International students pay at the out-of-state tuition rate.
- **Undergraduate** student tuition is $742 per credit.
- **Graduate** student tuition is $841 per credit.
- Fees include University SEVIS fee and mandatory health insurance.