



### Office of International Programs

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## ESL I-20 Request Form for Extension

### Important notes. Please read

- Extension form must be submitted with necessary financial documents **at least 15 days** before the Program End Date on the I-20
- If the extension is not processed and completed before the Program End Date on the I-20 you will be out of status and must file for reinstatement or leave the US

### PART I: STUDENT INFORMATION

ID Number: _____ - _____		Date: (Month____Day____Year____)	
First Name:		Last Name:	
Current U.S. Address:			
City:	State:	Zip Code:	
Telephone Number:		Email Address:	

### PART 2: FINANCIAL SUPPORT: Please submit Financial Support Form along with supporting financial documents.

<input type="checkbox"/> Financial Support Form	<input type="checkbox"/> Copy of biographical page of passport
<input type="checkbox"/> Financial documents:	<input type="checkbox"/> Copy of current I-20
➤ Less than 3 months old	<input type="checkbox"/> Copy of I-94 (obtained from <a href="http://www.cbp.gov">www.cbp.gov</a> )
➤ In English	
➤ Minimum funding needed to cover extension period:\$ _____	
<input type="checkbox"/> Pick up – by student only	
<input type="checkbox"/> Mail to address above	

### PART 3: ACADEMIC/DEPARTMENT ADVISOR:

By signing this form, as the academic advisor you agree that:

- Student will be registered full time for each semester
- That the student should receive this additional time to complete the program due to reason you will provide below

1. Expected date of level completion: (Month/____Day/____Year/____) Current Level : _____	
2. Is this student making normal progress towards his/her current level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the student been attending all required classes with no excused absences or make up work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. This student has not completed the current level of study due to:  Please write the academically compelling reason why the student needs more time to complete their level:          	
Academic Advisor Signature:	Date: (Month/____Day/____Year/____)
Print Name and Title:	Telephone Number:

### PART 4: PDSO/DSO APPROVAL:

<input type="checkbox"/> Approved:	<input type="checkbox"/> Denied	If denied, reason:			
Signature of PDSO/DSO:		Initials:		Date: (Month/Day/Year)	