



F-1 / I-20 EXTENSION OF PROGRAM END DATE REQUEST

As an F-1 student, you are admitted in the United States for “D/S” as indicated on your I-94. D/S, or “Duration of Status”, means that you may remain in the U.S. as long as you maintain lawful full-time student status. However, the USCIS requires that you finish your program of study by the expected completion date noted in section 5 of your I-20. If you will not complete your program by the expected completion date, you must file for an extension **BEFORE your program end date on your current I-20**. Failure to file a timely application will result in loss of F-1 status. I-20 Extensions are granted in a maximum of 12-month increments.

To be eligible for an extension of stay you must:

- Have continually maintained full-time F-1 status, AND
- Have extenuating academic or medical reasons that causes the delay in completion.

For Example:

1. Change of major or research topic
2. Unexpected research problems
3. Loss of credits upon transfer to Hampton University
4. Documented illness

Please Note: Delays due to academic probation or suspension do not qualify for extension! Your I-20 must be extended prior to the program end date or you will have to apply for reinstatement with USCIS, which involves filing fees, and may disqualify you from future employment authorization.

A) To apply for an extension submit the following to the International Office:

1. This signed I-20 Extension Request.
2. Your current original I-20.
3. Academic Adviser’s recommendation (on next page). If the delay is due to a valid medical reason, you must obtain a letter written by a recognized, licensed health care practitioner that states that a specific illness or medical condition compelled you to reduce or to interrupt your normal study. The letter should also specify the semester(s) and dates involved.
4. Letter of support from your department (if you are receiving financial support)
5. New supporting bank letter or statement, which shows access to funds to support yourself for the duration of the extension.

B) Upon favorable review of your application for extension the International Office will endorse and issue a new I-20 for you, which you will have to sign.

By signing this document, I certify that I understand the procedure for my I-20 program end date extension.

First Name: _____ Last Name _____

SEVIS #: _____ HUID: _____ Phone No: _____

U.S. Address: _____

Foreign Address: _____

Program Level: Bachelor Master Ph.D. Major: _____

Current Graduation Date (Program End Date listed on I-20): _____

Desired New Graduation Date (New Program End Date): _____

Student Signature: _____ Date: _____

ACADEMIC ADVISER'S RECOMMENDATION FOR EXTENSION OF PROGRAM END DATE
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Student's First Name: _____ Student's Last Name: _____

HUID: _____

Academic Adviser: This form is provided to facilitate the communication of certain information required by the Department of Homeland Security (DHS). Its completion is necessary for a student in F-1 status to request an extension of the time limitation placed by DHS upon the student's current program of study. Please complete this form in full and return it to the student.

1. This student is expected to complete requirements for his/her program on: ___/___/____
(Give current graduation date)

2. However, this student has not yet completed the current program of study due to (please respond to all reasons that apply):

- Delay caused by a change in major field of study from _____ to _____
- Delay caused by a change in research topic from _____ to _____
- Delay caused by unexpected research problems: Explain:

Delay cause by lost credits upon transfer to Hampton University. Explain:

Delay caused by compelling medical needs or documented illness. Explain:

Other. Explain:

3. I therefore recommend that this student be allowed additional time to complete his/her program until:
___/___/____ (Give new graduation date).

Academic Advisor's Name: _____ Phone No.: _____

E-mail: _____

Academic Advisor's Signature: _____ Date: _____

Department's Chair's Name: _____ Phone No.: _____

E-mail: _____

Department's Chair's Signature: _____ Date: _____

FINANCIAL SUPPORT EXTENSION

You will need to provide proof of sufficient financial support to cover the extension of your program of study for yourself and for any dependents. The current estimate of expenses for one academic year of undergraduate/graduate study at Hampton University can be found on our website at: https://www.hamptonu.edu/administration/businessoffice/tuition_fees.cfm

First Name: _____ Last name: _____

Birthdate: _____ HUID #: _____

Source of funding for program extension (Please elaborate): _____

INSTRUCTIONS: Provide in boxes A and B the name(s) and address (es) of the individuals who are providing funds for your education. Each sponsor must give the amount that will be provided. If you will be living with a sponsor, that sponsor must complete A or B, and in the “amount columns” write “housing”. If you will be providing some of your educational support yourself, give that information in box C. If you are being sponsored by your home government or university, this form is not required, but you must provide a letter stating the terms of the sponsorship.

Each sponsor must sign this form. The signature must be witnessed by a notary, bank official or other person who is authorized to administer oaths. In addition, a RECENT, ORIGINAL bank or income statement must be received from each sponsor to prove the ability to provide the support, which is guaranteed. If you are providing some support from personal funds, you must also submit a bank statement.

A. Sponsor's Certification

Name of sponsor: _____

Address of sponsor: _____

Relationship to student: _____

Amount of support I guarantee this student for the extension of their program of study: _____

I certify that I will provide financial support for the education of this student as stated above. I understand that this statement is being made for the purpose of extending the student's F-1 visa, and that should I not provide the support guaranteed that the University is not under any obligation to support the student, and that he or she will likely be unable to continue his/her education.

Sponsor's Signature: _____ Date: _____

Witnessed by: _____ Title: _____

The witness must place an official seal on this form

B. Sponsor's Certification

Name of sponsor: _____

Address of sponsor: _____

Relationship to student: _____

Amount of support I guarantee this student for the extension of their program of study: _____

I certify that I will provide financial support for the education of this student as stated above. I understand that this statement is being made for the purpose of extending the student's F-1 visa, and that should I not provide the support guaranteed that the University is not under any obligation to support the student, and that he or she will likely be unable to continue his/her education.

Sponsor's Signature: _____ Date: _____

Witnessed by: _____ Title: _____

The witness must place an official seal on this form

C. Student Certification

I certify that the information given on this form is true and complete to the best of my ability, and that if my sponsors fail to provide the funds indicated that the University is under no obligation to support me and that it is likely that I will be unable to continue my education.

Student Signature: _____ Date: _____

If you will be providing personal funds for your program extension at Hampton University, complete the section below.

Amount of Support From Personal Funds: _____

Information on dependents who will accompany you in the United States during your extension of stay:

Name: _____ Relationship _____

Birthdate: _____ Place of Birth _____

Citizenship: _____

If you have more than 1 dependent check here and give information on an additional sheet of paper.