

F-1 PROGRAM EXTENSION

What is a Program Extension?

Immigration regulations require you to file for an extension when you are not able to complete your program of study by the date in **Area 5** that appears on your current Form I-20. **You must apply for a program extension and be issued a new I-20 before your current I-20 expires.**

Failure to comply with this requirement will result in the termination of your F-1 Student Status. The Office of International Student Services is required by The Department of Homeland Security to report this information to SEVIS.

How to Apply

To be eligible for a Program Extension you and your academic department must provide evidence of a compelling academic or medical reason for the delay in completing on your program of study:

Academic reason example:

- A change of major
- A change of research topic
- Unexpected research problems
- Incomplete program requirements (a detailed explanation is required)

A documented medical reason:

- Medical evidence from a licensed medical doctor or mental health professional on official letterhead stating the nature of the illness and the period of time you were ill.

Evidence of Financial Ability

You must submit documentation (Bank Statement, letter of support, or Financial Guarantee) that you will have sufficient funds for the duration of the program extension. All amounts must be in US Dollars and include the name of the account holder(s) in English. If your funding comes from someone other than you (i.e. family, friends etc.) an **Affidavit of Support** must be completed as well. Any **money deposited** into your personal account must be documented with an Affidavit of who is making the deposits.

Estimated Expenses:

- Tuition
- Fees
- Living expenses
- Medical insurance
- Any F-2 dependents

If you need to extend your I-20, but do not meet these qualifications, please make an appointment to meet with an international student advisor to discuss your options.

Submitting Your Packet:

Once you bring in the above materials to the Office of International Student Services, it will take an estimated time of **5 - 7 business days** to review your extension application, and issue a new I-20 if the reason for the extension meets immigration requirements. Packets that do not include the appropriate financial and academic documentation will not be processed.

If you have any questions, please contact ISS at (201) 692-2743 at the Metropolitan Campus or (973) 443-8672 at the Florham Campus.

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Program Extension Application

Student Information

First Name: _____ Last Name: _____

FDU Student ID: _____ Email: _____ Tel. #: _____

Degree Type: Associates / Bachelors / Masters / Ph.D. / PharmD (circle one)

Program/Major Name: _____

1. Date of I-20 expiration (see Area 5 of your current I-20)

2. Have you previously extended your I-20? Yes or No
(circle one)

3. Do you have any dependents with you in the U.S.?
(Spouse, Children) Yes or No (circle one)
If yes, how many? _____

Estimated Expenses

Total # of credit hours to be taken during the extension period _____

Tuition and fees _____
(Tuition and fee information can be found here:
<http://view2.fdu.edu/admissions/tuition-and-fees/>)

Living Expenses _____

Dependent Expenses _____

Health Insurance _____

Total \$ _____

Student Certification

I have read and understand the information in this packet. I am in good academic standing with the University, am making normal progress toward the completion of my degree program and have a compelling academic or medical reason that requires an extension of my I-20. I understand that failure to comply with the F-1 regulations on program extensions may result in Termination and loss my of F-1 student status.

Signature: _____ Date: _____

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Academic Certification

TO BE COMPLETED BY ACADEMIC ADVISOR ONLY

Student Name: _____ FDU ID Number: _____

Please explain the reason why the student was not able to complete the program as originally expected:

1. Academic Reason:

- ___ Change of Major
- ___ Change of Research topic
- ___ Unexpected Research Problems
- ___ Other: _____

Please detail the Academic Reason (*i.e. When did the change of major/research topic occur, what degree requirements are not complete and why*)

2. Illness or Medical Reason: Date(s) of illness or medical condition: _____

New Date of Program Completion: _____ (*mm/dd/yyyy*)
(*This is the date on which all of the degree requirements will be met*)

Terms of Extension ___ Fall ___ Spring ___ Summer (*if more than one term please indicate all that apply*)

Number of credits to be taken during extension period: _____

Total number credits needed for completion of degree program: _____

I certify that the above student has a legitimate academic or medical reason for the delay in program completion. This student is in good academic standing, making normal progress in the completion of their educational objective and will be permitted complete their program by the date indicated above.

Name: _____ **Title:** _____

Department Name: _____

Phone number: _____ **Email:** _____ **Date:** _____

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