

**Global Engagement** 

# I-20/DS-2019 EXTENSION REQUEST INSTRUCTIONS AND FORM

### **General Information and Eligibility:**

The Extension Request form is to be used by an F-1/J-1 student at TCS who is unable to complete the course of study by the program end date on the form I-20/DS-2019. To allow sufficient time for the extension procedure and SEVIS update, students should submit their request approximately 30 days prior to the expiration date of the I-20/DS-2019. A student who fails to request an extension prior to the program expiration date will be considered to be out of status and must apply for reinstatement or depart the country.

#### In order to be eligible for a program extension a student must:

- Have continually maintained full-time F-1/J-1 student status;
- Have a valid academic or medical reason requiring the student to apply for an extension Note: Probation or suspension is not considered as an adequate reason for an extension
- Apply for an extension **before** the program completion date on the current I-20/DS-2019;
- Provide financial documentation which covers educational and living expenses for the extension period

#### Instructions:

To apply for an extension of your I-20/DS-2019, please carefully read and complete this form. You and your academic advisor/department chair must complete parts 1 and 2 of this form. Once your form is complete, submit it to THE GLOBAL ENGAGEMENT OFFICE, along with the required financial documentation. If you are eligible, the GLOBAL ENGAGEMENT OFFICE will process your request and print you a new I-20/DS-2019. Any F-2/J-2 dependents will also be issued new forms at that time.

#### **Financial Documentation**

To request a program extension, you must provide proof that you will be able to continue to meet the expenses (living and tuition) of studying at The Chicago School during the period for which you are seeking an extension. Please see the document, <u>"Financial Requirements for Degree Seeking F-1/J-1 Students"</u> available online.

Please bring in documentation of one, or a combination of the following, showing funding for the duration of your extension:

- A recent original bank statement, issued within the past 6 months. If the bank statement does not have your name on it, you must also provide an original affidavit of financial support signed by the person providing you with funding.
- If you have an on-campus job or fellowship, an offer letter from the employing office/department outlining the amount of hours/week, your hourly wages and/or award amount, and the expected duration of your job/fellowship.
- An original statement showing proof of renewed sponsorship. Funding amounts must be clearly stated.

**NOTE:** The extension procedure will extend your I-20/DS-2019 but not your visa stamp. If you have an expired visa in your passport, you are allowed to remain in the United States so long as you have a valid I-20/DS-2019. If you travel abroad, however, you will need to see the consulate in your country to renew your visa before you will be permitted to reenter the United States.



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## I-20/DS-2019 EXTENSION REQUEST INSTRUCTIONS AND FORM

SUBMIT COMPLETED FORM TO	):	
GLOBAL ENGAGEMENT  international@thechicagoschool.edu		
	completed form, along with new financial documentation to the xpiration of your I-20/DS-2019.	ne GLOBAL ENGAGEMENT OFFICE on your campus at
Part 1: To be completed b	by the student	
LAST NAME:		STUDENT ID#:
FIRST NAME:		MIDDLE NAME:
TCS E-MAIL:	PHONE #:	CAMPUS:
DEGREE LEVEL:	PROGRAM:	SEVIS ID#: N
Please check the appropriate bo	ox if you will need additional I-20/DS-2019 for your F-2/J-2 dependent(s)	): CHILD/CHILDREN SPOUSE
PROGRAM END DATE ON YOU	R CURRENT I-20:	(Month/Date/Year)
IS THE STUDENT MAKING NOR Note: Probation or suspension is I	by your Academic Advisor/Department Chair  MAL PROGRESS TORWARDS DEGREE COMPLETION?  The considered as an adequate reason for an extension  WEN EXTRA TIME TO CONTINUE ACADEMIC PROGRAM?  YES	<ul><li>NO</li><li>NO</li></ul>
CREDIT HOURS LEFT TO	COMPLETE STUDENT'S DEGREE REQUIREMENT:	
	OF COMPLETION (Month/Day/Year):	
	I certify that the preceding information is correct to	the best of my knowledge:
ADVISOR NAME:		E-MAIL:
TITLE:		PHONE NUMBER:
ADVISOR SIGNATURE:		DATE:
Advi	sor: If you have questions or need further information, please contact your ca	ampus THE GLOBAL ENGAGEMENT OFFICE.
FOR INTERNAL USE ONLY		
Approved by:	Date:	Extended in SEVIS?: □ Yes □ No