

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 TCSPP 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 your DSO/ARO, along with the required financial documentation. If you are eligible, the DSO 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, "Financial Requirements for Degree Seeking F-1/J-1 Students" available online at <https://my.thechicagoschool.edu/community/studentresources/ie/Pages/default.aspx>.

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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INSTRUCTIONS AND FORM**

SUBMIT COMPLETED FORM TO:

INTERNATIONAL PROGRAMS AND SERVICES
800.684.2890 (phone)
international@thechicagoschool.edu

DIRECTIONS: Submit this completed form, along with new financial documentation to the DSO/ARO on your campus at least 30 days prior to the expiration of your I-20/DS-2019.

Part 1: To be completed by the student

LAST NAME: _____ STUDENT ID#: _____
FIRST NAME: _____ MIDDLE NAME: _____
TCSP E-MAIL: _____ PHONE #: _____ LOCATION: _____
DEGREE LEVEL: _____ PROGRAM: _____ SEVIS ID#: N _____

Please check the appropriate box if you will need additional I-20 for your F-2 dependent(s): CHILD/CHILDREN SPOUSE

Part 2: To be completed by your Academic Advisor/Department Chair

IS THE STUDENT MAKING NORMAL PROGRESS TOWARDS DEGREE COMPLETION? YES NO

RECOMMEND STUDENT BE GIVEN EXTRA TIME TO CONTINUE ACADEMIC PROGRAM? YES NO

NEW ESTIMATED DATE 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: _____

Advisor: If you have questions or need further information, please contact your campus DSO.

FOR INTERNAL USE ONLY

Approved by: _____ Date: _____ Extended in SEVIS?: Yes No