International Student Services
18115 Campus Way NE, Box 358500
Bothell, WA 98011
Phone: 425-352-3876 Fax: 425-352-5455
iss@uwb.edu

REQUEST FORM: Program Extension

The completion date on your I-20 is an estimate. If you will not complete your program objective by that date, you must request an extension. U.S. Immigration regulations require that I-20s remain valid during the course of study. Failure to apply in a timely manner for a program extension is considered a violation of status and will disqualify you from benefits such as employment eligibility.

You are eligible for a program extension if:

- Your I-20 has not yet expired. The expiration date is indicated in item 5 of the I-20.
- You have been continually maintaining lawful F-1 status.
- The delay in completion of your program of study was caused by compelling academic or medical reasons.

Last Name: ____________________________  First Name: ____________________________

Student ID: __ __ __ __ __ __ __ __  SEVIS ID #: N __ __ __ __ __ __ __ __ __ __

Email: ____________________________  Phone: ____________________________

1.) Current expiration date on your I-20: _______ / _______ / _______
   Month              Day                 Year

2.) Do you have any F-2 dependents? (Circle one):    Yes          No

TO BE COMPLETED BY THE ACADEMIC ADVISOR:

The above named student is making normal progress toward his/her degree.

Student's field of study: ________________________________ Degree level: _______________________

Reason for delay in student's program (check all that apply):

☐ Change in major or field of study
☐ Change in research topic or unexpected research problems
☐ Inadequate time on original immigration documents to complete program requirements
☐ Medical condition

Student is expected to complete his/her educational objective by: ___________ quarter, 20___

Advisor’s name: ____________________________  Phone: ____________________________

Signature: ____________________________  Date: ____________________________

Allow one week for processing. Student: complete reverse side. →
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STATEMENT OF FINANCIAL ABILITY

Indicate the funding sources used to support you and your dependents (if applicable). Check all that apply:

- ☐ Personal / Family Funds. Provide the name and address of the person providing support:

- ☐ Department Funding (RA or TA appointment). Attach a letter from the funding department which includes salary and tuition waiver amounts, as well as the expected length of appointment.

- ☐ Government Funding. Attach a letter which details the source, amount, and duration of the funding.

I certify that I will be responsible for the total cost for each year of study at the University of Washington Bothell, including any expenses associated with dependents (if applicable).

_______________________________________________________      _____________________
Student signature           Date

ESTIMATED EXPENSES FOR THE 2010-2011 ACADEMIC YEAR

<table>
<thead>
<tr>
<th></th>
<th>Academic Year (3 quarters/9 months)</th>
<th>One Quarter (3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$25,245.00</td>
<td>$8,415.00</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$12,738.00</td>
<td>$4,246.00</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$1,035.00</td>
<td>$345.00</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$2,265.00</td>
<td>$755.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$216.00</td>
<td>$72.00</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>$1,251.00</td>
<td>$417.00</td>
</tr>
</tbody>
</table>

TOTAL                  $42,750.00 $14,250.00

Submit to the ISS office in UW1-160. Allow one week for processing.