

East Central University

F-1 Student Program End Date Extension Form

(Program extensions must be requested at least <u>2 weeks *before*</u> your current program end expires.)

U.S. immigration regulations may allow F-1 students to apply for an extension of stay, if they are continually maintaining status, but do not complete their academic program by the end date listed on their I-20 due to compelling academic or medical reasons 8 C.F.R. 214.2(f)(7)(iii)-(iv).

If you will complete your degree requirements beyond the program end on your current I-20, then the correct date must be reported to SEVIS and a new I-20 will be issued. *Note: Program extensions require that the student show updated proof of financial support to cover the extended length of time.* ***Include a copy of your financial support document with the submission of this form.**

Additional information for Program Extensions: To apply you must have continually maintained status and document that the extension is needed for compelling academic or medical reasons (see below). Academic probation, suspension, or on-campus employment are not acceptable reasons for an extension of stay.

Student Information and Attestation:

Name:			ECU ID#:	
Email:			Phone:	
Currer	t Completion Date on I-20:/	/		
	estimated cost to attend, <i>per semester</i> , is l //www.ecok.edu/international). Per seme		f the Int'l Student Application Packet mation: \approx \$6,900 (undergrads) and \approx \$6,600 (graduates).	
Mark y expense	•••	r proof of financia	al support to cover the additional tuition and living	
	Family/Friend Sponsorship:	Amount	(attach letter of support, originals NOT required)	
	Personal Funding:	Amount	(attach bank letter, originals NOT required)	
	Government Sponsorship/Scholarship:	Amount	(attach letter of support, originals NOT required)	
	Other:	Amount	(attach letter of support, originals NOT required)	
Student Signature:			ning extensions and that I am maintaining my immigration status Date:	
Acad	emic Advisor or Degree Auditor	Recommend	ation: This student is requesting a change to the completion date	
estima	ted for his/her current program of study.	Please indicate w	hy this change is appropriate and the new completion date.	
New F	Expected Date of Completion:/_	/	-	
For extensions, please identify the compelling academic or medial reason(s), as listed below. Student has not completed all required credits to graduate				
Change of major or minor (Name of new major/minor:)				
 Credits lost upon academic transfer to ECU Change in research topic or unexpected research problems 				
Documented illness				
	Other (please explain):			
Adviso	or/Auditor Name:		Phone Ext:	
Advisor/Auditor Signature:				