

# THE NEW SCHOOL

## F-1 (I-20) PROGRAM EXTENSION REQUEST/ PROGRAM COMPLETION

### TO BE COMPLETED BY STUDENT

Last Name:	First Name:
Email:	New School ID: N00
Educational Level: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate Major:	

### Source of Funding for Requested Period of Extension

Please submit financial documents only if requesting a Program Extension.

<input type="checkbox"/> Personal Funds: (attach proof: bank statement or letter, etc)
<input type="checkbox"/> Scholarship Amount \$ _____ Funds provided by: _____ (Dept./School)
<input type="checkbox"/> Other (must attach proof): Amount\$ _____ Source _____

### TO BE COMPLETED BY ACADEMIC ADVISOR

Date at which ALL degree requirements are anticipated to be completed (mm/dd/yyyy):

[ ] Fall \_\_\_/\_\_\_/20\_\_\_ [ ] Spring \_\_\_/\_\_\_/20\_\_\_ [ ] Summer \_\_\_/\_\_\_/20\_\_\_

### Advisor Certification (Please check applicable option):

I verify this student is making normal progress toward the completion of his or her degree, and I recommend this student's stay to be extended as indicated above.

OR

I verify this student is expected to complete all degree requirements for his/her program of study by the date indicated above and will be completing at the end of this semester. (Note: Courses and final theses/projects are requirements for a program of study. Graduation ceremony is NOT a requirement.)

### Reason Extension is needed (Only for students requesting I-20 Program Extensions):

*\*Please provide supporting departmental letter or email explaining compelling academic circumstances for extension*

This student has not yet completed the current course of study due to:

- Delay caused by a change in major field of study
- Delay caused by change in research topic
- Delay caused by unexpected research problems
- Leave of absence
- Other

### ESL STUDENTS ONLY

*\*Supporting departmental letter **NOT** required.*

Please extend student's I-20. Student will continue ESL study until \_\_\_/\_\_\_/20\_\_\_

Academic Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (typed or printed): \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

### International Student Services

79 5<sup>th</sup> Avenue, 5<sup>th</sup> Floor New York, NY 10003 Phone (212) 229-5592 Fax (212) 229-8992  
150 West 85<sup>th</sup> Street, Lobby New York, NY 10024 Phone (212) 580-0210 Fax (212) 580-1738  
ISS@NewSchool.edu

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