

Part I. To Be Completed by Student

Student's Last Name _____ First Name _____ Middle Name _____

Current Address _____

Date of Birth _____ E-mail _____@Clemson.edu Phone _____

CUID _____ SEVIS ID No N000 _____ Current Student Major _____

Department/College _____ Current I-20 End Date _____ New Program End Date _____

Current Program: Bachelor's Master's Ph.D. Other: _____

Part II. Purpose of Request

Extend Program Shorten Program Change Program Change Education Level (e.g. from M.S. to Ph.D. or Ph.D. to M.S.)

Student signature _____ Date _____

Part III. Application Procedure

Call (864) 656-3614 to make an appointment or come during open advising to see an advisor in Office of International Affairs (OIA). Please bring the following:

1. Completed and signed this fillable Form OIA-120
2. I-20(s)
3. Passport
4. I-94 card
5. A copy of admission letter for the new program or new level of education. If you are graduate student, please bring a copy of your completed (signed) GS-14.
6. New financial document which shows access to funds to support yourself for the duration of the extension. This should include all anticipated tuition and fees, living expenses, and books and supplies (\$900/year).

Current minimum living expense amount (per month) for F-1 student is \$903.00, \$500.00 for spouse and \$365.00 for a child. ***Written evidence of financial support is required***, such as a letter of offer, bank certificate/statement, etc.

Part VI. To Be Completed by Student's Academic Advisor

(This section MUST be completed by the Academic Advisor if you are requesting an extension of your I-20)

I certify that the above request is accurate in conformance with applicable departmental, college and university policies. I further certify that the student is unable to complete his/her program by the date specified on Form I-20 due to:

The student should complete his/her program as indicated in the above request. Therefore, I recommend that this student be permitted to amend his/her program until _____ (new program end date) or change the education level to _____ or change the student's program of study to _____ (name of new program)

Name of Academic Advisor _____ Campus Phone: (864) _____

Department _____ E-mail _____@Clemson.edu

Signature _____ Date _____