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: NOO |
| Educational Level: Associates Bachelor Master Doctorate Major: | |
| Source of Funding for Requested Period of Extension Please submit financial documents only if requesting a Program Extension. | |
| Personal Funds: (attach proof: bank stateme | nt or letter, etc) |
| Scholarship Amount \$ | Funds provided by:(Dept./School) |
| 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 | |
| *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

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