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:  □ 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 statement 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

□ 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:_________________________

 ESL STUDENTS ONLY
*Supporting departmental letter NOT required.

□ Please extend student’s I-20. Student will continue ESL study until __/___/20___

International Student Services
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150 West 85th Street, Lobby            New York, NY  10024                Phone (212) 580-0210                Fax (212) 580-1738
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