## Program Extension Request Form

## Part 1: Student Data, to be completed by student.

| Student Name:  |          |       |   |
|--|----------|-------|---|
| LAST   |          |       | FIRST   |
| Student ID # A   | SEVIS II | D#N   | LOCATED OVER THE BAR CODE ON YOUR I-20 OR DS-2019 |
| Current Immigration Status (circle one)                              | F-1      | J-1   | Other   |
| Will you receive an Evergreen degree?                                | Yes      | No    |   |
| Current end date on your I-20 or DS-2019:                            | Month_   |       | DayYear   |
| Do you have any F-2 or J-2 dependents?                               | Yes      | No    |   |
| Have you already applied for graduation?                             | Yes      | No    |   |
| Have you already applied for Optional Practical<br>Academic Training | -        | (F-1) | ) Yes No<br>Yes No                                |

## Part 2: Letter

Attach a letter explaining your compelling academic or medical reason for an extension.

## Part 3: Student's Statement of Financial Ability, to Be Completed by Student.

The most up-to-date information about cost of attendance for international students can be found on the Admissions website at <u>www.evergreen.edu/international</u>

Indicate the funding sources used to support you and your dependents (check all that apply) :

- **Personal/Family Funds**. Please attach documentation of financial ability, such as bank statements less than 6 months old which covers the expenses for the duration of your extension.
- **Department Funding**: Attach a letter from your funding department which includes tuition waiver amounts and/or salary, as well as the duration of your support.
- **\_\_\_\_Government Funding**: Attach a letter which details the source, amount, and duration of funding.
- **Exchange Student Tuition Waiver**: Tuition waivers do not cover all expenses. Include an additional source of funding to cover remaining expenses, such as required fees.

I certify that I will be responsible for the total cost for each year of study at The Evergreen State College, including expenses associated with my dependents.

| Student Signature   | Date   |  |
|---|--|--|
| Part 4: International Student Advisor: For  | Degree-Seeking Students Only                 |  |
| Student's Field of Study:   | Degree Sought:                               |  |
| The student experienced a delay in their program due  | e to the following reason(s):                |  |
| Change in major or field of study from  | to   |  |
| Change in research topic or unexpected research situation)  | problems (attach narrative describing your   |  |
| Inadequate time on original immigration docume<br>narrative describing your situation)  | nt to complete program requirements (attach  |  |
| Medical condition (attach narrative describing you  | ur situation)                                |  |
| The student is making normal progress toward their e  | ducational objective. Yes No                 |  |
| The student is expected to complete their educationa quarter, 20  | l objective by the end of                    |  |
| If the student has already applied for graduation or Ol<br>the compelling reason for an extension. Extensions w<br>applying for Curricular Practical Training employment. | ill not be granted solely for the purpose of |  |
| Advisor Name:   | Phone:                                       |  |
| Signature:  | Date:  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Part 5: For DSO/ARO, Regarding Visiting S   | Students Only                                |  |
| Non-Degree Exchange Program Students  |  |  |
| Extension recommended to the end of   | quarter, 20                                  |  |
| Assistant Director, International Programs (Print name)   | Date   |  |
| Signature   |  |  |