Program Extension Application
F-1 Students

F-1 students must complete their program of study by the end date on their Form I-20. A student who will not complete the academic program by that date must submit this completed form and proof of financial support to the Office of International Students and Scholars (OISS) before the program end date. OISS strongly recommends submitting all materials at least one month before the program end date.

Eligibility

An F-1 student is eligible for an extension of stay if:
1. The student applies to OISS for the extension before their program end date
2. The student has "continually maintained status"; and
3. OISS can certify that the delay in completion is "caused by compelling academic or medical reasons, such as changes of major or research topics, unexpected research problems, or documented illnesses"

An F-1 student is not eligible to apply for a program extension if:
1. The delay was caused by academic probation or suspension;
2. The completion date on the Form I-20 has expired;
3. The student has not maintained valid F-1 status; or
4. The student does not otherwise meet the eligibility requirements stated above.

If a student fails to apply for extension before the end date on their Form I-20, or cannot meet the eligibility criteria for program extension, then the student is considered out of status and not eligible for an extension. The student will need to either apply for reinstatement or exit the U.S. and apply for admission with a new I-20 with new SEVIS ID for initial attendance. Failure to apply for an extension on time may result in an inability to participate in Optional Practical Training (OPT) after graduation.

Application Procedure

You must apply for an extension before the program end date on your Form I-20. If you plan to travel outside the United States, you must apply for an extension prior to your departure.

To apply, provide the following completed documents to OISS:
1. Department Recommendation for Extension (Page 2)
2. Declaration and Certification of Finances (Pages 3-6)
3. Supporting financial documents for your source of funds (See Page 4)
Department Recommendation for Extension
Requires signature of Academic Advisor and Associate Dean or Chair

Student Name: ________________________________________________________________
Student Tulane ID #: __________________________________________________________
Program end date on current I-20: _______________________________________________

Academic Advisor and Associate Dean/Chair: This form and the following form are provided to facilitate the communication of certain information required by regulations of the U. S. Citizenship and Immigration Services (USCIS). Its completion is required for a student in F-1 status to be granted an extension of the time limitation placed by the USCIS upon the student’s current program of study. Any questions you may have can be directed to the Office of International Students and Scholars (OISS) at 504-865-5208 or oiss@tulane.edu. Please complete this form in full and provide to the student to return to OISS. Both the advisor’s and associate dean’s or chair’s signature are required. Thank you for your assistance.

1. Has this student been continuously enrolled for a full course of study? _____ Yes _____ No

2. Student will complete requirements for his/her current program on or about: ____________ (m/d/y)
   Note: extensions can only be granted for a maximum of one academic year. If additional time is needed, another request for extension must be submitted prior to the end of any current extension.

3. This student has not yet completed the current program of study due to (please check all reasons which apply):
   _____ Delay caused by a change in major field of study.
   _____ Delay caused by a change in research topic
   _____ Delay caused by unexpected research problems
   _____ Delay caused by lost credits upon transfer to our school
   _____ Documented illnesses
   _____ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
   _____ Other (please attach an explanatory letter to this application)

I therefore recommend that this student be allowed additional time to complete studies.

Department (please print): _______________________________________________________

Academic Advisor’s name and title (please print): ____________________________________

Academic Advisor’s signature: ______________________________ Date: _________________

Associate Dean or Chair’s name (please print): ______________________________________

Associate Dean or Chair’s signature: ________________________ Date: _________________

T: 504-865-5208 F: 504-865-5209 oiss@tulane.edu / http://global.tulane.edu
Declaration and Certification of Finances for Program Extension

Section 1: Cost of Attendance and Estimated Living Expenses
This section must be completed by a department representative, such as an associate dean or chair, academic advisor, admissions staff, or other department staff member.

Student Name: ___________________________    Student Tulane ID #: __________________________

Total cost of attendance for duration of extension: $ __________________________
Cost of attendance must be your department standard for a full course of study for the extension period. Ask your department admission office for the standard fee. It must include tuition and any related fees, such as academic support services, recreation center fees, student activity fees, and student health fees. The above amount must reflect actual university fees and cannot be reduced or waived for individual students. For dissertation research students, the amount must reflect registration fees and any other related fees. Note: If the department will provide full or partial funding for the student, please complete Section 2.

Estimated living expenses: Please indicate the appropriate amount below. Current estimates are provided by Undergraduate Admissions/OGPS. If supporting F-2 dependents in the U.S., an additional $5,000 for a spouse and $3,000 for each child per year must be included:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Undergraduate</th>
<th>$9,071</th>
<th>$18,142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate</td>
<td>$11,070</td>
<td></td>
<td>$22,140</td>
</tr>
<tr>
<td>Dependent Spouse</td>
<td>$2,500</td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td>Dependent Child/Children</td>
<td>$1,500 x ___ = __________</td>
<td>$3,000 x ___ = __________</td>
<td></td>
</tr>
</tbody>
</table>

Total cost of extension (attendance and living expenses): $ __________________________

Name and title of department representative: ____________________________________________

Signature: ____________________________________________    Date: __________________________
__________________________________________________________________________________

Section 2: Tulane Funding:
If the student is receiving full or partial funding from Tulane University, this section must be completed by a department representative.

I certify that the student indicated in Section 1 will receive funding in the amount below through the department indicated below, either in scholarship, paid teaching or research assistantship, tuition waiver, other department funding, or a combination thereof:

Amount of funding in U.S. dollars: $ __________________________
Name of department: __________________________

Name of department representative: __________________________

Signature: __________________________    Date: __________________________
*The following sections are to be completed by the applicant*

Section 3: Applicant Information

Applicant’s name: ___________________________________________ Male ____ Female ____
(last name) (first) (middle)

Date of Birth: ___________ City of Birth: ______________________ Country of Birth: ______________________

Country of Citizenship: _______________ Country of Permanent Legal Residence: _______________

Note: Additional funding is required if you have F-2 dependents with you in the U.S. Applicants must add $5,000 to the amounts in Section 1 for a spouse’s living expenses and $3,000 for each dependent child accompanying the applicant.

Section 4: Source of Funds

Indicate source of funding for the extension (may be multiple):

☐ I will fund my own expenses.
☐ Tulane University will fund my expenses.
☐ My company or a guarantor will fund my expenses.

Please identify sources and amount of funds (in U.S. dollars) that you will have available for your use per year while in the United States, given applicable exchange and currency regulations. Sources may include yourself, other family members, government agencies, educational agencies, businesses or corporations that accept responsibility for all or part of your living and educational expenses. If you have received a scholarship or tuition waiver award from Tulane, you may list the award as a source.

Include supporting documentation (e.g., copies of bank certifications, account statements, etc.) dated within the last 6 months for each source of funds. Provide copies, not original documents.

Amount: US $_____________________ Source:_____________________________
US $_____________________  Source:_____________________________
US $_____________________  Source:_____________________________

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Section 5: Self-Funding Applicants
To be completed by the applicant if the applicant is funding his/her own expenses:

I declare that I will provide $ _____________ in funding per year in U.S. dollars.  
*If supporting dependents, $5,000 for spouse and $3,000 for each child must be included.*

Include supporting documentation (e.g., copies of bank certifications, account statements, etc.) dated with the last 6 months for each source of funds. Provide copies, not original documents.

If you are self-funding, you can skip Section 6 and continue on to Section 7

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Section 6: Guarantor/Sponsor Funding

To be completed by the guarantor or company sponsor, if funding the applicant’s expenses.

You may scan and email this page to your guarantor/sponsor for them to sign, and they may scan their signed page and email it to you.

Guarantor/sponsor’s name:  _____________________________________________

Mailing address:  ______________________________________________________

I declare that I am willing and able to maintain and support the named applicant and that I am prepared to make an advance deposit with the university, if required, to guarantee that the student will not become delinquent in resolving financial obligations to the university.

I have not submitted an affidavit of support for any other individual(s) studying in the United States. (If you have, please attach a sheet listing the name of the individual, the college or university to which the affidavit was submitted, and the approximate date of submission.)

I declare that I will furnish funding for the applicant named in Section 3 as indicated below:

Amount of funding in U.S. dollars:  ________________________________________

Funding will be awarded as follows (indicate if lump sum, quarterly, yearly, etc.):  ___________________

Funding will be available for the duration of the program or:  ___________________

Guarantor’s signature:  ___________________  Date:  ________________
Section 7: Affidavit of Funding

To be completed by the applicant:

I understand that tuition and fees are payable at the beginning of each semester and that failure to pay fees due the university may result in loss of registration privileges.

The source of funding for the program extension is listed above (includes self or family sponsor, or a non-family sponsor such as an employer, scholarship program, governmental agency, or Tulane University).

I certify that this information is accurate and complete and understand that the inclusion of false information is grounds for dismissal from the university. I attest by my signature that it is factually correct and honestly presented.

Applicant’s signature: ___________________________      Date: ___________________