

## I-20 Request Form – Program Extension, Readmission, or Change of Status

**This form is often used in conjunction with Financial Affidavit Form:** Section 1 must be completed by the student and Section 2 must be filled out by the student's Academic Advisor. In Section 2, the advisor must select one of the three options and provide the corresponding information. Students who have had a reduced course load during their last quarter of enrollment are **not** eligible for an extension. An updated I-20 will be issued only after the ISS office receives this form with financial documents verifying sufficient funding. Processing time is 5 business days.

SECTION 1: STUDENT COMPLETES	
TODAY'S DATE (MM/DD/YYYY):	CSUDH STUDENT ID:
LAST NAME:	FIRST NAME:
DATE OF BIRTH (MM/DD/YYYY):	SEVIS NUMBER: N
PHONE NUMBER:	EMAIL:
CURRENT DEGREE LEVEL: <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	

SECTION 2: ACADEMIC ADVISOR COMPLETES (Please Select One)
<input type="checkbox"/> <b>PROGRAM EXTENSION</b>
1. New expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer**    Year: _____
2. Is this student making normal progress towards their current degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you recommend this student be given additional time to complete their studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. This student requires additional time to complete their program/degree due to (mark all that apply):
<input type="checkbox"/> Delay caused by change of major/research topic <input type="checkbox"/> Delay caused by unavailable courses this semester <input type="checkbox"/> Additional time needed to complete program/degree requirements <input type="checkbox"/> Other (please specify): _____
_____
** Student must submit proof of summer session enrollment
<input type="checkbox"/> <b>RE-ADMITTED OR RETURNING</b>
1. The student above is returning to CSUDH to continue his/her studies for:
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer**    Year: _____
2. Expected date of degree/program completion
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer**    Year: _____
Major: _____
Minor (if any): _____
** Student must submit proof of summer session enrollment
<input type="checkbox"/> <b>CHANGE OF STATUS</b>
1. Expected date of degree/program completion:
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer**    Year: _____
Major: _____
Minor (if any): _____
** Student must submit proof of summer session enrollment

ACADEMIC ADVISOR SIGNATURE	
ADVISOR'S NAME:	DEPARTMENT:
PHONE NUMBER:	EMAIL:
ADVISOR'S SIGNATURE:	DATE:

**ISS Use Only:** Date Received: \_\_\_\_\_ Advisor: \_\_\_\_\_ Ready for Pick-Up: \_\_\_\_\_ (Revised 04/19)

## I-20 Request Form – Program Extension, Readmission, or Change of Status

### Financial Information

ESTIMATED EXPENSES PER ACADEMIC YEAR			
	UNDERGRADUATE	GRADUATE	MBA
Tuition and Fee	\$18341	\$16267	\$21278
Rooms, Misc. Personal	\$15560	\$15660	\$15560
Mandatory International Health Insurance	\$1494	\$1494	\$1494
Additional: Professional Fee per unit			\$254
<b>Total</b>	<b>\$35395</b>	<b>\$33661</b>	<b>\$37981</b>

*Listed fees are estimates that are subject to change upon approval from the Board of Trustees and without notice. Tuition and fees are based on 24 units per year for Undergraduate Students, and 16 units per year from Graduate Students. If you have any dependent(s), additional fees for dependents (\$4,000 for a spouse and \$3,000 per child) are required.*

<b>FINANCIAL SPONSORSHIP:</b>	<input type="checkbox"/> GOVERNMENT SPONSORED BY:	<input type="checkbox"/> SELF-SPONSORED	<input type="checkbox"/> THIRD-PARTY SPONSORED BY:
-------------------------------	---	---	--

**Acceptable financial documents may be any of the following: If the document(s) you are submitting is not in English, a certified English translation must be attached to the original.**

- Official bank statement: Savings, checking or time deposit accounts in your or your sponsor's name. Bank statements must clearly show the account holder's name, name of banking institution and must be dated within 6 months from the date of submission. Investment or retirement accounts are not accepted.
- Private sponsor (family member, friend, or private institution): The sponsor must complete and sign the third-party/private sponsor information below. Investment or retirement accounts are not accepted.
- Official scholarship award letter: Addressed to you or CSUDH, and specifying the amount and validity period of financial support.

**Government sponsored students must provide an official letter**

- Letter of financial support or financial guarantee document from government sponsor or foreign embassy which specify CSUDH as the student's school, the validity period of financial support and the amount provided.

#### THIRD-PARTY/PRIVATE SPONSOR INFORMATION

\_\_\_\_\_ certify that I will assume full financial responsibility, including educational  
*Print name of sponsor*  
 and living expenses for the above named student while he or she is enrolled at CSUDH.

\_\_\_\_\_  
*Signature of sponsor*

\_\_\_\_\_  
*Relationship with the student*

\_\_\_\_\_  
*Date*

#### STUDENT'S SIGNATURE

I certify that all information given above is true and correct. I fully understand the minimum of funding necessary for fees and living expenses and I verify that a comparable amount will be available per year for my studies. I understand that providing false or misleading information can result in my disenrollment at CSUDH.

\_\_\_\_\_  
*Signature of student*

\_\_\_\_\_  
*Date (month/day/year)*

**ISS Use Only:** Date Received: \_\_\_\_\_ Advisor: \_\_\_\_\_ Ready for Pick-Up: \_\_\_\_\_ (Revised 04/19)