

International Student Services 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
U.S. ADDRESS:	
PHONE NUMBER:	EMAIL:
CURRENT DEGREE LEVEL: 🗆 BACHELORS 🗆 MASTERS	

SECTION 2: ACADEMIC ADVISOR COMPLETES (Please Select One)				
□ PROGRAM EXTENSION 1. New expected date of degree/program completion □ Fall □ Spring □ Summer** Year:				
** Student must submit proof of summer session enrollment				
RE-ADMITTED OR RETURNING				
 The student above is returning to CSUDH to continue his/I □ Fall □ Spring □ Summer** Year: 2. Expected date of degree/program completion 				
🗆 Fall 🛛 Spring 🖓 Summer** Year:				
Major:				
Minor (if any): ** Student must submit proof of summer session enrollme				
 Expected date of degree/program completion: □ Fall □ Spring □ Summer** Year: 				
Major:				
Minor (if any):				
** Student must submit proof of summer session enrollment				
ACADEMIC ADVISOR SIGNATURE				
ADVISOR'S NAME: D	EPARTMENT:			
PHONE NUMBER: EI	MAIL:			
ADVISOR'S SIGNATURE: D	ATE:			

Financial Information

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.

	UNDERGRADUATE	GRADUATE
Tution and Fee	\$7,109	\$8,493
Non- Resident Tuition Fee (\$396/ Units)	\$9,504	\$6,336
Housing & Living Expenses	\$18,387	\$18,387
Mandatory International Health Insurance	\$1,494	\$1494
Books and supplies (estimated)	\$1,900	\$1,900
Total	\$38,394	\$36,610

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.

FINANCIAL	GOVERNMENT	□ SELF-SPONSORED	□ THIRD-PARTY SPONSORED BY:
SPONSORSHIP:	SPONSORED BY:		

- 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 thirdparty/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 and living

Print name of sponsor

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: _____ International Student Services, College of Extended and International Education, CSU Dominguez Hills, 1000 E. Victoria St., Carson, CA 90747, <u>iss@csudh.edu</u>, 310.243.3786