

This form is used to request an I-20 extension to complete degree requirements. A new SEVIS I-20 is necessary if the student is extending his/her program to a later date than the program end date listed on their current SEVIS I-20. This form can be submitted as early as 45 days before the program end date but cannot be submitted after the program end date has passed. Any missing information will result in a delay of processing.

This document is to be routed electronically via email by each office following the routing process below:



PART A: GENERAL INFORMATION - THIS SECTION TO BE COMPLETED BY THE STUDENT *(please type or print clearly)*

Name: _____ SEVIS ID: _____

ULID: _____ Level: *Masters* *Doctoral* Program: _____

Student's signature: _____ Date: _____

My signature above acknowledges that I understand that I am responsible for all estimated expenses on the form I-20 that are not covered by my assistantship, fellowship, or sponsoring agency. I certify that all information on this request form is true and correct. Students whose funding does not cover all costs must also complete the [Confidential Financial Information Form](#) and provide bank statements. Confidential Financial Information Form is not required for students who have assistantships/fellowships or scholarships that meet the [University's current financial requirements for graduate study](#). Valid financial guarantee letter is required for sponsored students. **Once this form is completed, the OIA will contact you if your funding does not meet the University's current financial requirements for graduate study and you can follow the instructions above to provide proof of additional funding.**

Graduate Student: Please email (**SUBJECT LINE: I-20 Extension Request**) this form your Committee Chair and ask them to follow the instructions below.

PART B: ACADEMIC INFORMATION - THIS SECTION TO BE COMPLETED BY THE COMMITTEE CHAIR IN THE ACADEMIC DEPARTMENT or AN ACADEMIC ADVISOR WHO CAN ATTEST TO THE STUDENT'S ACADEMIC PROGRESS.

An extension cannot be granted for the sole purpose of obtaining employment (CPT or OPT). The department confirms that a compelling academic reason exists which requires an extension of the above-named student's program and SEVIS I-20. *There must be "compelling academic reasons" (8 C.F.R. 214.2 (f) (7) (iii)) and requirements for an extension of program. Students requesting an extension who have completed all coursework are instead encouraged to apply for Optional Practical Training.*

Projected Graduation dates must match dates listed on the University's [academic calendar](#). Please note that SEVP guidelines only allow for an extension of 1 year at a time from the student's program end date. Students needing extensions of more than 1 year will be required to request another extension next year. If you have questions, please email oia@louisiana.edu or contact us at 337-482-9028.

ACADEMIC REASON NECESSITATING THE PROGRAM EXTENSION:

The verbiage below will be included on the student's SEVIS (*Student Exchange Visitor Information System*) record and will be reported to the U.S. Department of Homeland Security. If selecting 'OTHER,' please ensure that you list a specific and compelling ACADEMIC reason necessitating the I-20 extension.

1. Circumstances which necessitate extension *(please check all that apply)*:
 - Change of research topics
 - Unexpected research problems
 - Additional coursework required
 - Other (please give brief explanation — *Please note that if the extension is due to the pandemic, it must be noted specifically how the COVID-19 pandemic contributed to the delay of the student's graduation.*) _____

PART B: ACADEMIC INFORMATION (CONT.) – THIS SECTION TO BE COMPLETED BY THE COMMITTEE CHAIR/ADVISOR

2. New projected graduation date: _____ (Use [academic calendar](#)* for commencement date)
MM/DD/YYYY

**For multiple commencement days, use the first one listed. If commencement date is more than 1 year from current program end date, student will have to request another extension next year. If you have questions, please email uia@louisiana.edu or contact us at 337-482-9028.*

Committee Chair/Academic Advisor Name Committee Chair/Academic Advisor Signature Date

Committee Chair/Academic Advisor: Please email (forward original email) this form to your department’s Graduate Coordinator.

PART C: FUTURE FUNDING – THIS SECTION TO BE COMPLETED BY THE GRADUATE COORDINATOR.

1. Will this student continue to receive funding from the department through his/her graduation date as listed on this form?

Yes – funding will continue No- Funding discontinued effective _____
MM/DD/YYYY

Yes – but funding will change (please explain) _____

N/A – Student not receiving funding from department.

Graduate Coordinator Name Graduate Coordinator Signature Date

Graduate Coordinator: Please forward this form to celina.bernal@louisiana.edu and copy gradschool@louisiana.edu.

PART D: FUNDING INFORMATION - THIS SECTION TO BE COMPLETED BY THE GRADUATE SCHOOL.

List UL Lafayette source(s) of financial support for the duration of the academic year.

All I-20 extensions require proof of updated funding that matches the current required amounts for the University for 1 year of enrollment ([Graduate](#)). If a student only requires a 1 semester extension, the required amount can be halved. If student has funding from a sponsoring agency or personal/family funding, the OIA will obtain this information directly from the student.

Graduate Assistantship offered through projected graduation date listed on page 1: YES NO N/A

| SOURCE | DURATION <i>(check all that apply. These amounts for semesters moving forward, not current, or previous).</i> | | | TOTAL AMOUNT | HIRING DEPARTMENT |
|-------------------------|---|--------|------|--------------|-------------------|
| | Spring | Summer | Fall | | |
| Assistantship (20 hrs.) | Spring | Summer | Fall | | |
| Assistantship (10 hrs.) | Spring | Summer | Fall | | |
| Doctoral Fellowship | Spring | Summer | Fall | | |
| REM Fellowship | Spring | Summer | Fall | | |
| Other Award | Spring | Summer | Fall | | |
| Sponsoring Agency | Spring | Summer | Fall | | |
| Personal/Family Funding | Spring | Summer | Fall | | |

Additional comments/remarks:

Graduate School Contact Name Graduate School Contact Signature Date

GRADUATE SCHOOL: Please forward this form to uia@louisiana.edu.