

GRADUATE - REQUEST FOR SEVIS I-20 EXTENSION

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 [oy" k#u@- @ - k](mailto:k#u@-@-k) this form your Committee Chair and ask them to follow the instructions below.

PART B: ACADEMIC INFORMATION - THIS SECTION TO BE COMPLETED BY THE STUDENT (ON) J110q3.024.25 (ON) 85

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 ويا@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?