

**OFFICE OF INTERNATIONAL STUDENT SERVICES**

Marshall University Welcome Center, First Floor, 1601 5<sup>th</sup> Avenue, Huntington, WV 25755  
T 304.696.6265 | F 304.696.6353 | [www.marshall.edu/iss](http://www.marshall.edu/iss) | [iss@marshall.edu](mailto:iss@marshall.edu)

## PROGRAM EXTENSION FORM

This form must be accompanied with updated financial documentation no older than 6 months. Please see the most current I-20 / DS-2019 Funding Chart for minimum funding requirements. Processing time for requests is **3-5 business days**. Please plan accordingly. Be sure to fill this form completely. You will receive email notification once your I-20 or DS-2019 is ready for pick up in the Office of International Student Services at the Marshall University Welcome Center, First Floor.

**TO BE COMPLETED BY STUDENT:**

NAME: \_\_\_\_\_

MUID: \_\_\_\_\_ SEVIS #: N \_\_\_\_\_

MU EMAIL: \_\_\_\_\_ PHONE (U.S.): \_\_\_\_\_

U.S. ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**TO BE COMPLETED BY ACADEMIC ADVISOR:**

*U.S. Citizenship and Immigration Services (USCIS) requires the following information regarding program extensions for F-1 students. Please indicate the anticipated graduation date or date student will complete all degree requirements, whichever is earliest. Additionally, please mark the best reason necessitating the extension. If a listed reason does not accurately fit the student's academic situation, please explain in the Other option. If you have questions about this request, please email the Office of International Student Services at [iss@marshall.edu](mailto:iss@marshall.edu).*

A. I anticipate that this student will complete all degree requirements / graduate on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. This student has not yet completed the current program of study due to:

- ☐ Delays caused by a change in major field of study
- ☐ Delays caused by a change in research topic
- ☐ Delays caused by unexpected research problems
- ☐ Delays caused by lost credit hours on transfer to this school
- ☐ Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

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

Advisor Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## FINANCIAL CERTIFICATION FORM

LAST NAME (FAMILY): \_\_\_\_\_

FIRST NAME (GIVEN): \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Are you currently in the United States? ☐ Yes ☐ No If yes, list immigration status: \_\_\_\_\_ (F1, H1B, etc.)

*If yes, and the immigration status is not F-1, the I-20 will not be issued until you have made an appointment with the Office of International Student Services for assistance with a change of status application. If you are not eligible for a change of status, the I-20 will only be issued for travel to your home country.*

### **SOURCES AND AMOUNTS OF FINANCIAL SUPPORT**

*Proof of financial support is required for each subsequent program. Bank statements may be in US dollars or foreign currency. Bank statements must be no older than 6 months from the date the I-20 issue date. In lieu of a bank statement, the Affidavit of Financial support on the reverse side of this form may be provided with completed and notarized bank certification section.*

Personal funds..... \$ \_\_\_\_\_

*Include a bank statement no older than 6 months.*

Family / Friend..... \$ \_\_\_\_\_

*Complete the Affidavit of Support on the back of this form and submit a bank statement no older than 6 months.*

Marshall University assistantship, scholarship, or other form of funding..... \$ \_\_\_\_\_

*Include a copy of the award letter.*

Financial aid from a government agency, private foundation, or bank..... \$ \_\_\_\_\_

*Included the original form or official copy of your award as evidence of financial support.*

Total Amount of Financial Support..... \$ \_\_\_\_\_

*Total must meet or exceed minimum estimated expenses for one academic year or duration of program, whichever is shortest.*

By signing my name to this form, I certify that the information given is a correct and accurate statement of my financial support for my program of study at Marshall University.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Affidavit of Financial Support

## Marshall University

### Statement of Applicant and Sponsor

I certify that I will have a minimum of \$ \_\_\_\_\_ in U.S. currency available to me for study at Marshall University.

**The above funds will be provided (check one):**

\_\_\_ from my personal savings

\_\_\_ from a private sponsor (family or friend)

\_\_\_ other (specify)

I also certify that I have adequate funds for my travel to and from the United States.

I further certify that I can make the necessary arrangements to have these funds transferred to the United States.

**Applicant's Name (please print):**

Family Name

First Name

Middle Name

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor's Name (please print):**

Family Name

First Name

Middle Name

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of Sponsor: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

\_\_\_\_\_

### Statement from Bank of Financial Establishment

This is to certify that \_\_\_\_\_, whose signature appears above as sponsor, has ample funds at this time to meet the expenses of the applicant named. This certificate does not constitute a statement of liability on my part or that of the firm or bank I represent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_