



Important Information

This form is to be used by continuing NMSU students to request an I-20 extension to complete degree requirements. Students who are unable to complete their academic program within the period specified in their current Form I-20 must file for an extension of stay in a timely manner. **The program must be extended before the I-20's expiration.**

Please read.

- This request should be received by the ISSS Office at least **30 days** prior to the expiration date on your current I-20. If you fail to meet the deadline, there is no guarantee that your request will be processed before your current I-20 expires. This will have a negative impact on your immigration status.
- To be eligible for an extension, you must maintain F-1 status, make normal progress toward completion of the degree, and have academic requirements remaining.
- Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons.
- Delays caused by academic probation or suspension are not acceptable reasons for program extensions (8 CFR 214.2(f)(7)(iii)).
- Extension requests will not be granted solely due to delays caused by employment, such as **CPT/Pre-Completion OPT**.

Required Document Checklist:

- ☐ Completed I-20 Extension Financial Resources Statement.
- ☐ Completed Academic/Faculty Advisor Recommendation Form. Refer to page 3.
- ☐ Financial Support Documents.
- ☐ Copy of unexpired passport (biographical page).
- ☐ Copy of your current I-94.

Acceptable financial support documents:

Bank statements:

- o Personal and/or business accounts. All bank statements must be **no older than 3 months** and should be on a bank letterhead. The account holder's name or business name, the type of currency, and the account type (e.g., savings, checking) must be included. Account holder name must match the name provided in *Section G* of this form. **Bank statements in languages other than English must be translated and notarized.**
- o Acceptable account types include Savings, Checking, Certificate of Deposit (with a maturity date no later than the first day of classes, and the maturity date must be specified on the document). Business accounts must meet the same requirements as a personal bank statement.

Assistantship/Scholarship letters: The following letter must include the following:

- o Must be on the Department's Letterhead
- o Student's full Name
- o Aggie ID
- o Amount Awarded
- o Duration of Funding
- o Must have Collective Bargaining Agreement ([CBA](#))

Governmental funding: Must include the student's name, semester of admission, be on a letterhead, and must be signed by an authorized signatory of the government.

Loans: Must specify the student's name and the initial semester of admission. These must also be accompanied by terms and conditions and will be reviewed first to determine their acceptability. Any co-borrower signing the loan must also sign this form.



Financial Information

Section 1: Personal Information (please provide your name as it appears in your passport)

First/Given Name:	Middle Name (If any) :	Last Name/Surname:
Aggie ID #:	SEVIS ID#:	Date of Birth (MM/DD/YYYY) _____
NMSU Email:	Phone #:	Current I-20 Program End Date _____
Current U.S. Physical Address:		
Have you applied for graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide graduation date: _____
Have you applied for OPT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the OPT start date: _____

Section 2: Cost of Attendance for 1 Academic Year (All Amounts are in USD)

Las Cruces Main Campus	Out-of-State	In-State	Descubre*
Undergraduate	<input type="checkbox"/> \$43,550	<input type="checkbox"/> \$25,250	<input type="checkbox"/> \$29,475
Graduate	<input type="checkbox"/> \$35,850	<input type="checkbox"/> \$23,000	<input type="checkbox"/> \$26,100
Associate Degrees at NMSU Branches:			
DACC Campus	<input type="checkbox"/> \$22,800	N/A	N/A
Alamogordo Campus	<input type="checkbox"/> \$22,400	N/A	N/A
Grants Campus	<input type="checkbox"/> \$21,200	N/A	N/A
Estimated cost for dependent(s) if applicable:			
<input type="checkbox"/> Spouse - \$5,600			
<input type="checkbox"/> Per Child - \$3,600 – list # of child(ren) _____.			

Section 3: Source of Funding

You may select more than one option if partial funding comes from different source types. All documents must be submitted in English.

- ☐ Departmental Assistantship – Please submit your assistantship offer letter with this form.
- ☐ Scholarship – Name of scholarship if other than International Competitive Scholarship: _____
- ☐ Student's Personal Funds – Please submit bank statement(s) that have your name as a primary account holder.
- ☐ Other Sponsor(s) – Please fill out the information below for sponsors.

Section 4: Sponsor's Certification

Bank statement(s) from each sponsor must be submitted with this form.

By signing below, I/We sponsor(s) certify under penalty of perjury that the information provided is true and accurate to the best of my/our knowledge and that I/we possess the financial means and intend to provide sufficient funds to cover the student's educational, living expenses, and other related costs for:

- ☐ Fall ☐ Spring Year _____ at NMSU in the amount indicated below.

If there are more than two sponsors, an additional page listing their information must be attached.

Name of Company (for company sponsor ONLY): _____

Name of Sponsor 1: _____ Relationship to student: _____

Amount of assured support in USD \$ _____ Signature of Sponsor: _____ Date: _____

Name of Sponsor 2: _____ Relationship to student: _____

Amount of assured support in USD \$ _____ Signature of Sponsor: _____ Date: _____

Section 5: Student's Declaration

I _____, (student's printed name) hereby certify that the information provided is correct and that my funding meets the requirements outlined above. I understand that I am responsible for all anticipated yearly expenses (including those of my dependents) for the duration of my stay at New Mexico State University.

Student's signature: _____ Date: _____



Academic Information

Section 6: TO BE COMPLETED BY THE STUDENT

Name of Student: _____ Aggie ID#: _____
Degree: _____ Major Field of Study: _____ Secondary Major: _____
Have you previously applied for program extension? ☐ No ☐ Yes If yes, explain: _____

Note: If you are in a joint or dual program, you will need to have a recommendation completed by the academic advisor from each program. If the extension is based on one of the degree programs, please provide a statement from the other program(s) confirming that it has been completed and does not require an extension.

Eligibility Criteria for I-20 Extension (please review this information before signing the form)

- ☐ To be eligible for an extension, you must be maintaining status, making normal progress toward completion of the degree, and have academic requirements remaining.
- ☐ Extensions may only be granted to students for compelling academic or medical reasons.
- ☐ Delays caused by academic probation or suspension are not acceptable reasons for program extensions (8 CFR 214.2(f)(7)(iii)).
- ☐ Extension requests will not be granted solely due to delays caused by employment, such as CPT or Pre-Completion OPT.

Estimating Program Completion Date

- ☐ The final term is the last term the student is registered for classes/credits required for his/her degree.
- ☐ The completion date is the last day of the final term in which the student is enrolled.

Section 7: TO BE COMPLETED BY THE ACADEMIC/FACULTY ADVISOR

Required credit hours remaining _____ (excluding current term enrollment) Student current GPA _____

Estimated program completion date: _____ (term and year)

Is the student in the thesis/dissertation phase?

- ☐ Yes. How many remaining credit hours are for the thesis? _____ ☐ No. How many remaining credit hours of coursework? _____

Reason for extension (check all that apply)

- ☐ Change/add a major field of study, or research topic.
- ☐ Medical Reason – must provide official documents from a U.S. Licensed professional (Medical Doctor, Dr. of Osteopathy, or Psychologist).
- ☐ The student requires additional time due to the following compelling academic reasons (please refer to the Eligibility Criteria above for an explanation of what constitutes acceptable academic reasons for extensions), and provide as much detail as possible. If you need more space, you may attach a letter to this document.

- ☐ Other issues that necessitate program extension. Please provide supporting documents for review.

If none of the above options apply, please don't hesitate to contact International Program & Compliance at (575) 646-2834.

As the Academic/Faculty Advisor, I certify that the student is eligible to continue their studies and recommend that the student be allowed additional time to complete their degree requirements.

Full Name: _____

Title: _____

Department: _____

Phone #: _____

Email: _____

Signature: _____

Date: _____ mm/dd/yyyy

Section 8: DEPARTMENT HEAD APPROVAL

Full Name: _____

Title: _____

Department: _____

Phone #: _____

Email: _____

Signature: _____

Date: _____ mm/dd/yyyy