

I-20 Program Extension Request Form

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.** A program extension cannot be granted during the 60-day F-1 grace period. To do this, you should schedule an appointment with any of the advisors in the IPC Office.

Important notes. Please read.

- This request should be received by the IPC Office 30-60 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 Extension Request Form
- ☐ Completed Academic Advisor Recommendation Form. Refer to page
- ☐ A complete Financial Statement and Supporting Documents
- ☐ Copy of unexpired passport (biographical page)
- ☐ Copy of your current I-94
- ☐ Unofficial copy of your NMSU degree audit
- ☐ If the reason for the extension request is medically related, a letter from a U.S. licensed physician is also required.

Acceptable financial documents and requirements:

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.
- o Scholarship letters: Must be accompanied by terms and conditions and will be reviewed first to determine acceptability.
- o 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.
- o 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.

Unacceptable documents:

- o Bank statements lacking information such as bank information, account holder information, currency, or any other information requested above.
- o Bank letters are not accompanied by a bank statement.
- o Investment statements not specifying liquid funds.
- o Retirement or pension accounts
- o Insurance policies
- o Property assessment
- o Credit card statements
- o Tax statements
- o Expected income
- o Emails from the bank

Affidavit of Support for I-20 Extension Application

A. PERSONAL INFORMATION (please provide your name as it appears in your passport)

First/Given Name	Middle Name (If any)	Last Name/Surname
Aggie ID (800xxxxx)	Date of Birth (MM/DD/YYYY) / /	SEVIS ID#
NMSU Email:	Phone #	Current I-20 Program End Date
Current U.S. Address:		
Have you applied for OPT? ☐ Yes ☐ No If yes, provide the OPT start date: _____		
Have you applied for graduation? ☐ Yes ☐ No If yes, provide graduation date: _____		

B. FINANCIAL INFORMATION (All amounts are in USD)

International students must provide proof that *they have the financial resources to live and study in the United States. The cost indicated below is an approximate estimate of the cost of attending NMSU for one academic year. The cost of tuition and living expenses is subject to increase without prior notice to students. For more information about tuition and fees, please visit <https://uar.nmsu.edu/tuition-fees/index.html>. Please circle the amount you will pay below.*

Las Cruces Main Campus	Out-of-State	In-State	Descubre*
Undergraduate	\$43,550	\$25,250	\$29,475
Graduate	\$35,850	\$23,000	\$26,100
Associate Degrees at NMSU branches:			
DACC Campus	\$22,800	-	-
Alamogordo Campus	\$22,400	-	-
Grants Campus	\$21,200	-	-
Estimated cost for dependent(s)		Spouse	Per child
		\$5,600	\$3,600
			-

C. 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.

Sponsoring with business account: With the below statement of support, the company and its proprietor(s) assume this financial responsibility. Bank statement(s) of sponsor(s) must be submitted with this form. **All** named account holders must sign and date to certify this Affidavit of Support.

Company's name: _____ Date: ____/____/____

I hereby attest that I (name of owner): _____ Relationship to student: _____

Other partners (if applicable): _____ & _____

Will financially sponsor the following student for their tuition, living expenses, and other related costs. For the ____ Fall ____ Spring Year: _____

Amount of assured support in USD \$ _____ Signature of sponsor(s): _____

Family/Private Sponsor: Bank statement(s) of sponsor(s) must be submitted with this form. **All** named account holders must sign and date to certify this Affidavit of Support. If you have more than three sponsors, please include an additional page with their information.

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: ____/____/____

Sponsor Statement: *I certify that I am willing and able to financially support the education and living expenses of the student named on this form for the amount indicated above in this section for at least one academic year of study at NMSU. I have provided a bank statement that meets your requirements along with this form.*

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 I am responsible for all anticipated yearly expenses (and those of my dependents) for the length of my stay at New Mexico State University.

Student's signature: _____ Date: _____

Academic/Faculty Advisor Recommendation Form for I-20 Extension

TO BE COMPLETED BY THE STUDENT

Name of Student: _____ Aggie ID#: _____
 Degree: _____ Major Field of Study: _____

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 Curricular Practical Training.

Estimating 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.

TO BE COMPLETED BY THE ACADEMIC/FACULTY ADVISOR

Required credit hours remaining: _____ (excluding current term enrollment)

Estimated completion date _____ (term and year)

Reason for delay (check all that apply)

- ☐ Change/add a major field of study.
- ☐ Unexpected medical issues. Please submit a letter from a U.S.-licensed physician.
- ☐ 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 should provide as much detail as possible. If you need more space, you may attach a letter to this document.

If none of these 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.

Name _____ Title _____

Department _____

Phone _____ Email: _____

Signature _____ Date _____

DEPARTMENT HEAD APPROVAL:

Name _____ Title _____

Phone _____ Email: _____

Signature _____ Date _____