PROGRAM EXTENSION REQUEST FORM

Student Name: ___________________________ ___________________________  
Student ID #: __ __ __ __ __ __ __  SEVIS ID #: N __ __ __ __ __ __ __ __ __ __  
Email: ___________________________________  Phone: _________________________

Current immigration status (circle one):       F-1 J-1
Will you receive a UW degree? (circle one) Yes No
Current expiration date on I-20 or DS-2019: ______/______/ _____  
Month          Day                   Year
Do you have any F-2 or J-2 dependents? (circle one) Yes No
Have you already applied for graduation? (circle one) Yes* No
Have you already applied for Optional Practical Training (OPT)? (circle one) Yes* No
PhD Students: Have you been in your PhD program more than ten (10) years? (circle one) Yes* No
*Additional documentation of compelling academic reason for extension is required.

UW Degree seeking ONLY
(Visiting students: see reverse)
To be completed by your Department Academic Adviser or Graduate Program Coordinator

Student’s field of study: _______________________________________
Degree Level: _______________

The student experienced a delay in his or her program due to the following reason(s):
(check all that apply)
□ Change in major or field of study
□ Change in research topic or unexpected research problems
□ Inadequate time on original immigration document to complete program requirements
□ Medical condition

The student is making normal progress toward his/her educational objective.

Student is expected to complete his/her educational objective by: ____________quarter, 20_____

If the student has already applied for graduation, OPT, or has been in his/her PhD program for more than ten (10) years (indicated above), please attach an additional letter describing the compelling academic reason for an extension. Extensions will not be granted for the sole purpose of applying for CPT employment.

Adviser Name:________________________________________________  Phone:____________________
Signature:____________________________________________________  Date: _____________________
STATEMENT OF FINANCIAL ABILITY

Indicate the funding sources used to support you and your dependents (check all that apply):

☐ Personal / Family Funds. Please attach documentation of financial ability (such as bank statements less than 6 months old) which covers the expenses for the duration of your extension.

☐ Department Funding (RA or TA appointment). Attach a letter from the funding department which includes salary and tuition waiver amounts, as well as the length of the appointment.

   NOTE: Graduate student funding may not cover all student expenses and will not cover the expenses of your dependent(s). Please indicate an additional source of funding beyond your RA/TA appointment that will cover any remaining expenses.

☐ Government Funding. Attach a letter which details the source, amount and duration of the funding.

☐ Exchange Student Tuition Waiver.

   NOTE: Tuition waivers may not cover all student expenses. Please indicate an additional source of funding beyond your tuition waiver amount that will cover any remaining expenses.

I certify that I will be responsible for the total cost for each year of study at the University of Washington, including expenses associated with my dependents.

__________________________________________  ______________________
Student Signature                               Date

ESTIMATED EXPENSES FOR THE 2014-2015 ACADEMIC YEAR

<table>
<thead>
<tr>
<th></th>
<th>9 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate:</td>
<td>$48,015</td>
<td>$64,019</td>
</tr>
<tr>
<td>Graduate, self-supported:</td>
<td>$48,138</td>
<td>$64,183</td>
</tr>
<tr>
<td>Graduate, University supported:</td>
<td>$35,100</td>
<td>$46,800</td>
</tr>
<tr>
<td>Dependent spouse:</td>
<td>$8,488</td>
<td>$11,317</td>
</tr>
<tr>
<td>Dependent child:</td>
<td>$5,900</td>
<td>$7,867</td>
</tr>
</tbody>
</table>

Visiting Students ONLY

IPE Exchange Students

Extension recommended to: ______________ quarter, 20 ______

__________________________________________  ______________________
IPE Coordinator                               Signature                   Date

Department Exchange Students

Extension recommended to: ______________ quarter, 20 ______

__________________________________________  ______________________
Academic Department Coordinator                Signature                   Date

Department Exchange Students must also obtain approval from Undergraduate or Graduate Admissions.

__________________________________________  ______________________
Undergraduate/Graduate Admissions Counselor    Signature                   Date

Please fully complete both pages of this request form and attach any supporting documentation before submitting to International Student Services (ISS). You may fax or email this form to uwiss@uw.edu.

Allow one week for processing.