



Student Name: Last First
Student ID #: SEVIS ID #: N
Email: Phone:

PROGRAM EXTENSION REQUEST FORM

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: / /
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** 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 2016-2017 ACADEMIC YEAR

Undergraduate:	9 months: \$54,792	12 months: \$73,056
Graduate, self-supported:	9 months: \$51,213	12 months: \$68,284
Graduate, University supported:	9 months: \$36,267	12 months: \$48,456
Dependent spouse:	9 months: \$8,680	12 months: \$11,573
Dependent child:	9 months: \$6,040	12 months: \$8,054

Visiting Students ONLY

Exchange Students (UW Study Abroad)

Extension recommended to: _____ quarter, 20 ____

Will this student receive a tuition waiver for the extension quarter? (Check one) Yes No

Study Abroad Advisor

Signature

Date

Exchange Students (Academic Department)

Extension recommended to: _____ quarter, 20 ____

Will this student receive a tuition waiver for the extension quarter? (Check one) Yes No

Academic Department Coordinator

Signature

Date

Visiting graduate students must also obtain approval from Graduate Enrollment Management Services.

Graduate Enrollment Management Services Advisor

Signature

Date

Allow 7-10 business days for ISS processing.