

STUDENT INFORMATION

Student I-20/DS-2019 Extension

INTERNATIONAL STUDENT & SCHOLAR SERVICES

LAST/FAMILY NAME, capitalized	First/Given Name					
E-mail Address	Telephone Number					
Current Academic Degree Level	Academic Department					
Current I-20 or DS-2019 Expiration Date	Date expected to complete all degree requirements (including thesis/dissertation)					
Please answer the following: Yes No I maintained full-time enrollment throughout my acad Yes No I am making normal progress toward completion of d Yes No I require an extension due to academic dismissal or s	egree program	Submit this form along with the following: Supporting proof of funding, as needed Dependent information, if applicable *Electronic submission is preferred*				
STUDENT Signature:		Date:				
TO DEPARTMENT ADVISOR To be completed by the Academic Advisor, Department Head, or Dean. If the department or school will provide continued funding (tuition scholarship, stipend, health insurance coverage, etc.) through the requested extension period, <u>please attach a letter outlining this continuation of support</u> .						
Student's anticipated completion date:						
Describe why the student's program could not be completed within the allotted time:						
Check All That Apply						
Change of major Change of academic of Unexpected research problems Original length of prog Other, please explain:	ram was insufficient	Change of research topic				
ADVISOR Signature:		Date:				
ADVISOR Name & Title:						
I-20 AND DS-2019 EXTENSIONS FOR DOCTORAL STUDENTS BEYOND 7 YEARS OF STUDY BEQUIRE SIGNATURE						

I-20 AND DS-2019 EXTENSIONS FOR DOCTORAL STUDENTS BEYOND 7 YEARS OF STUDY REQUIRE SIGNATURE AUTHORIZATION FROM ASSOCIATE DEAN RICHARD HOOVER OF THE GRADUATE SCHOOL.

GRADUATE SCHOOL SIGNATURE:

Date:

ESTIMATE OF EXPENSES

Estimates based on one academic year. Choose your program by checking one box on the right hand side of the page and fill in the blank for tuition with the estimated cost of your program. Do the same for each category A-G even if you are receiving funding for tuition, fees, insurance and stipend from Vanderbilt. Your Total Expenses should be in row H. Expect tuition and fees to increase by about 5% each year.

Α.	Program		Tuition		Check One	
	Undergraduate					
	Graduate School Research Only Divinity School Law School School of Medicine (M.D.) Hearing & Speech MSCI, MPH Master of Laboratory Medical Physics School of Nursing OWEN Graduate School of Ma Peabody College	·				
_						Total Tuition
В.	Required Activity Fees Undergraduate students Graduate/professional student	S			Check One	Total Activity Fees
C.	Academic Program Fees (if applicable Undergraduate Engineering stu Nursing Students (Malpractice, Lat School of Medicine – MD Only School of Medicine – All Other	u dents), and Other fees) (Liability/Disability, Other fees)			Check All That Apply	
D.	Student Living Expenses (*9-month Expenses for Undergraduate, LLM, & MS Fi	C	9-month*		12-month	Total Academic Fees
E.	Dependent Living Expenses	Spouse Child	12-month	x		Total Living Expenses
	Dependent Health Insurance (*If you have a spouse plus 3 or more children the insurance for all dependents is \$8,118)	Spouse Child		x	# children # children*	Total Dependent Living Exp.
F.	Health Insurance, Student Only (required) (Student & Dependent Health Insurance is <u>required</u> ; Amounts based on current health insurance rates; annual increases expected) Total Student Insurance					Total Student Insurance
G.	Books and Supplies (re	quired for student enro	lled in cours	ework	<)	Total Books and Supplies
Н.	TOTAL EXPENSES (Note: Total Expense	s should be equal to, or le	ss than, Total	Suppo	ort)	\$(sum of items A-G)

SOURCE OF SUPPORT

Enter the amount of support next to the type of support you will be receiving. Total the amount of support at the bottom. The amount of support should be greater than the amount of expenses.

TOTAL SUPPORT	\$
Other (please describe)*	\$
Home Government*	\$
Personal or Family Funds*	\$
Vanderbilt University	\$

*If university assistance does not cover all expenses, provide additional proof of funding in the form of a current bank statement that:

- 1. Indicates the amount of money available (current balance)
- 2. Is signed and dated by bank official within the past 3 months
- 3. If the account is not in your name, the account holder must write a letter of permission for use of funds to support your study in the U.S.

I certify all information provided is accurate. Student Signature: