



Office of International Programs

400 South Orange Avenue, Presidents Hall 322
South Orange, NJ 07079
Tel: 973.761.9204
Fax: 973.275.2383

Notification of I-20 Extension Form

Please read carefully: All students requesting an extension of their I-20 must complete this form and allow the office the necessary and substantial time to process their request. The office will take at least 48 hours to process a renewal of an I-20, only after all the necessary paperwork is received.

Student's First Name: _____ Last Name: _____

ID Number: _____ - _____ Anticipated Graduation Date: _____

Level: ☐ ESL ☐ Graduate ☐ Undergraduate ☐ PhD ☐ Certificate Program

Major: _____ Current Visa Status: _____

Current U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I am renewing my I-20 and I have attached the following document(s):

_____ Letter from the ESL Director and/or Academic Advisor of your major

_____ Financial Documents no more than 3 months old

My original sponsor has changed and I have attached the following document (s):

_____ Notarized-Sworn Promise of Cash Support Form*

_____ Notarized-Free Room and Board Form*

_____ GA/TA/RA Award Letter

_____ Athletic Scholarship Award Letter

_____ Other: _____

**These forms are included in the "How to get an I-20" application packet which can be found on our website at
<http://www.shu.edu/offices/oip-f1-international-students.cfm>*



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RECOMMENDATION FORM FOR PROGRAM EXTENSION F & J

Directions: This form is required for all international students who plan to extend their program of study at Seton Hall University. Students applying for program extensions must complete Section 1. An Academic/Department Advisor must complete Section 2. Students must submit a completed recommendation form to the Office of International Programs. Please submit supporting financial documents at least two weeks BEFORE program end-date listed on the I-20 or DS-2019.

SECTION 1: THIS SECTION TO BE COMPLETED BY THE STUDENT

Date:	Degree Level:	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelors
Major:	SHU Dept:			
Name:	SHU Dept:	SHU ID#:		
E-Mail Address:				

Please indicate what type of financial documents you are furnishing to support extending your I-20:

☐ Personal Funds

Type of document _____

-OR-

☐ Sponsor's Financial documents

Name of Sponsor _____

Type of document _____

SECTION 2: THIS SECTION TO BE COMPLETED BY ACADEMIC/DEPARTMENT ADVISOR

I am aware of the circumstances above and recommend program extension for the above named student:

1. Expected date of program completion: _____ (mm/dd/yy)

2. Is this student making normal progress towards his/her current degree? _____

3. Do you recommend this student be given additional time to continue his/her studies? _____

4. This student has not completed the current program of study due to (please check all that apply):

☐ Delay caused by a change in major or field of study

☐ Delay caused by a change in research topic

☐ Delay caused by unexpected research problems

☐ Delay caused by unavailable courses this quarter

☐ No unusual delay. Student needs additional time to complete program of study

☐ Other (Please Specify): _____

Academic Advisor Signature: _____ Date: _____

Print Name and Title: _____ Phone: _____

SECTION 3: TO BE COMPLETED BY OFFICE OF INTERNATIONAL PROGRAMS

Approved by _____ Date: _____