



California State University, Los Angeles

International Programs and Services

ELP - I-20 EXTENSION REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Family Name First Name Middle

ELP I.D. # \_\_\_\_\_ CURRENT HOME LEVEL: \_\_\_\_\_

SEVIS \_\_\_\_\_

Current Address: Is this a new address? [ ] Yes [ ] No

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you want a vacation? [ ] Yes [ ] No

- REQUIREMENTS FOR A VACATION
1) You must have attended 3 consecutive quarters at ELP.
2) You must extend your I-20 before your vacation.
3) You must bring a new original bank statement (\$14,780 USD) + sponsor form to renew your I-20.
4) Level 7 students - please talk to the Immigration Counselor first!
5) You must return to ELP or to a CSULA Program

VACATION INFORMATION

Do you want to buy health insurance for the vacation period? (recommended) [ ] Yes [ ] No

Vacation Period: [ ] Winter [ ] Spring [ ] Summer [ ] Fall Year: \_\_\_\_\_

Will you be traveling outside the USA during your vacation? (If Yes, fill out Travel Form): [ ] Yes [ ] No

After vacation, I am returning to: [ ] ELP [ ] CSULA Degree Program

NO TRANSFER AFTER VACATION
YOU MUST RETURN TO ELP OR A CSULA PROGRAM

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE ONLY

Student attended from: \_\_\_\_\_ to \_\_\_\_\_

Is this student eligible to take a vacation at this time? [ ] Yes [ ] No

Returning Quarter \_\_\_\_\_ Returning Date \_\_\_\_\_

Remarks: \_\_\_\_\_

## Financial Support

You must furnish verification of financial support for the entire academic year. Complete any of the three sections below that are applicable. Give all amounts in U.S. dollars. If there is more than one sponsor or bank in any category, you must attach to this form all other letters, signatures, and certifications (**ORIGINALS ONLY**).

**1. Personal savings:** My personal financial resources at this time amount to U.S. \$

➔	\$
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### Certification by Bank Official:

This is to certify that the current balance of the applicant's account(s) with this bank is U.S. \$

➔	\$
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<i>Official bank seal or stamp</i>
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Signature of Bank Official		Date
Print Name	Title	
Name of Bank		
Address		

**2. Private sponsors:** I guarantee without reservation to support the educational costs and living expenses, including tuition and fees, books and supplies, room and board, health insurance, medical or emergency expenses, travel and personal expenses, for (print name of student):

while he/she is enrolled at California State University, Los Angeles. I also agree to furnish additional support for this student's dependents as listed previously on this form or any who may later come to the U.S. I further guarantee that the student will not become a public charge during his/her stay in the U.S. Finally, I understand that the cost for tuition and fees is likely to increase for each year based on the state budget allocation and certify that sufficient financial resources will be available to cover any increase.

Sponsor's Signature	Sponsor's Name (print)	Relationship of Sponsor to Applicant
Address		Date

### Certification by Bank Official:

This is to certify that the current balance of the sponsor's account(s) with this bank is U.S.\$

➔	\$
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<i>Official bank seal or stamp</i>
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Signature of Bank Official		Date
Print Name	Title	
Name of Bank		
Address		

**3. Government, Foundation, Agency or Corporate Fellowship Support.**

**Applicant:** Please submit this form to the agency providing your financial support for certification of the required information or instruct the agency to send a letter to the Office of Admissions at California State University, Los Angeles, specifying the amount of the award, period of support, and any conditions or terms that pertain.

Agency Name
Address

### Certification by Agency Official:

This is to certify that the current balance of the applicant's account(s) with this bank is U.S.\$

➔	\$
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per year for the duration of his/her studies.

Signature of Agency Official	Print Name	Title
Address		Date