



INTERNATIONAL

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Cal State LA - IPGE
Telephone: 323.343.3170
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Extension of Stay (F-1/ J-1 Student)

An F-1 or J-1 international student may request an extension of stay if the student did not complete his/her course of studies by the date indicated on PROGRAM END DATE of the I-20 or DS-2019. If additional time is necessary to complete required elements of the current degree program, the student must submit the required documents requesting an extension of stay **at least two (2) weeks prior** to the current program end date of the I-20/DS-2019 in order to guarantee timely processing. The student may submit the request no more than 90 days prior to the I-20/DS-2019 expiration date.

The student must maintain his/her status as a full time student. If the student violated his/her status as an international student and is currently out of status, the student must complete the reinstatement procedure. (see International Programs Advisor for details on Reinstatement procedure).

Student must submit the following documents: (*Submitting incomplete documents will delay the process*)

- Financial document and sponsor letter indicating your ability to fund the remainder of your studies
- Extension of Stay Form signed by your Department Academic Advisor
- **Once you have all the required documents, please make an appointment with an International Programs Advisor**

Student's Information:

Undergraduate

Graduate

J-1 Student

First Name

Last Name

CIN

Email

SEVIS ID

Major

To be completed by Department Academic Advisor

This form confirms that the above student is making satisfactory progress toward his/her degree program. Furthermore, my selections below serve as guidance for the duration of this extension request, but not the sole determining factor:

Student's new expected degree completion date: _____

Month

Day

Year

GPA

The student needs additional time to complete their degree requirements due to the following reason:

Change of Major

Thesis

Comprehensive Exam

Illness/Medical Reason (*additional documentation from a licensed physician is required*)

Other (*please explain*): _____

Advisor's Name /Title

Advisor's Signature

Date

Department

Telephone Ext.

Financial Sponsor Information

You must submit official copies of at least one of the documents described below to substantiate that you have the financial means to cover your expense and those of your dependents (if any) while in the U.S. in accordance with these estimated expenses.

ESTIMATED EXPENSES	Undergraduate (24 units / 2 semesters)	Graduate (18 units / 2 semesters)	Credential (18 units / 2 semesters)	MA/MS/MBA in Business (18 units / 2 semesters)
Tuition and Fees	\$16,250	\$15,305	\$14,789	\$20,165
Living Expenses	\$20,180	\$20,180	\$20,180	\$20,180
Health Insurance	\$1,500	\$1,500	\$1,500	\$1,500
Total	\$37,930	\$36,985	\$36,469	\$41,845

***Married students who are accompanied by a spouse and/or children must show additional funds of \$4,500 for spouse and \$3,000 per child.**

Attached the sponsor's financial document(s). The bank statement and/or letter **must be dated within six (6) months** and clearly shows the following:

- Name and address of the financial institution with the name of the account holder
- Current available balance in U.S. Dollars

Acceptable Financial Evidence:

- Savings or Checking Account
- Certificate or Time Deposits with the maturity date in the future
- Letter of Financial Support or Financial Guarantee document from Government Sponsors or Foreign Embassies with specify Cal State LA as the student's school, and validity period of financial support.
- Office Scholarship Award Letter from Sponsor

Financial Sponsor Information:

By signing below, the sponsor certifies that sufficient financial resources will be available to cover the student's expenses for the duration of his/her studies at Cal State LA. Please attach copy of financial statements

Sponsor's Name (Print)	Relationship to applicant	Sponsor's Signature	Date
Sponsor's Address	City/State	Country	Amount of Sponsorship (USD)

Applicant's Signature:

I certify that all information given above is true and correct. I certify that sufficient financial resources will be available to cover all expenses for the duration of my studies at Cal State LA. Further, I agree to be responsible for all expenses not covered by the sponsor and to obtain and maintain adequate health insurance coverage throughout enrollment at Cal State LA.

Signature of Student's

Date

For Official Use Only:

Date Received _____ **Completed Date** _____ **Initial** _____