International and Exchange Student Center (IESC)  
Extension of Stay Request Form

Please email this complete form to iescrequest@csun.edu with ALL required supporting documents which have been listed in the General Information section of this form.

STUDENT’S INFORMATION

Today’s Date: ____________________     CSUN ID: ____________________

Last Name: ____________________     First Name: ____________________

Major: ____________________     Graduation Date: ____________________

Phone: ____________________     Email: ____________________

U.S. Address:
(Street) (Apt#)                               (City)                                                         (State)                   (Zip)

General Information

List of Documents to be submitted to iescrequest@csun.edu

Please note: Incomplete paperwork will not be accepted by IESC and delay processing time.

✓ Completed Extension of Stay Request form - signed by academic advisor
✓ Copy of Affidavit of Financial Support (include dependents if applicable). This form is available at the IESC or online at: http://www.csun.edu/sites/default/files/affidavit.pdf
✓ Copy of Bank Statement for the amount on the Affidavit of Financial Support

Important: Students are responsible for complying with all requirements. Failure to do so will jeopardize their legal immigration status in the United States. Contact your foreign student advisor if you have questions, or need additional help.

- An extension of stay must be processed before the completion date on your current I-20 form. We strongly recommend that you submit your I-20 extension request to IESC at least 60 days prior to the expiration date. If approved, you will receive a new I-20 form with an extended expiration/completion of studies date.
- It is your responsibility to request an extension of stay. According to the USCIS rules, a student may not extend an I-20 after it expires. Students who do not apply for an extension in a timely manner, will lose their legal immigration status. They will then be required to apply for a reinstatement to USCIS.
- The student is responsible for ensuring that all documents have been submitted for the extension of stay to be processed. If there is a “Foreign” registration hold in your CSUN account, please submit proof of health insurance to insurance@csun.edu.
- The student is responsible for enrolling on the first available registration appointment date. Classes will fill up quickly.
- The student is responsible for enrolling full time as well as paying the fees by the deadline.
- If the student will be enrolled in less than a full course of study, a Part–time Request Form must be submitted prior to the Add/Drop deadline of the semester in which the student will be enrolled part-time.

For processing times please visit: http://www.csun.edu/international/current-students-forms. Processing times may vary during peak times. For additional information, please contact us at (818) 677-3053.

STUDENT’S ACKNOWLEDGEMENT

I have read and I understand the above information provided by the International and Exchange Student Center (IESC) at California State University, Northridge. I understand that I am responsible for complying with all requirements. Failure to do so will jeopardize my legal immigration status in the United States.

Signature of Student: ____________________     Date: ____________________
TO BE FILLED OUT BY STUDENT'S ACADEMIC ADVISOR

This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the United States Citizenship and Immigration Services (USCIS). Its completion is necessary for a foreign student in F-1 status to apply for an extension of the time limitation placed upon the student’s current program of study. If you have any questions, please contact the International and Exchange Student Center at 818-677-3053. Thank you for your assistance.

Academic History:
Number of units remaining for degree: __________
Thesis/Project in progress (graduate students only): __________

Please describe any additional requirements:

__________________________________________________________

Current Status:
➢ I anticipate that this student will complete all requirements for the current program of study on or about (mm/dd/year) ________________
➢ This student has not yet completed the current program of study due to (please check all reasons that apply, and give a detailed explanation for each. If the space provided is insufficient, please include a separate letter):
  □ Delays caused by lost credits upon transfer to our school
  □ Delays caused by change in major field of study
  □ Delays caused by change in research topic (graduate students)
  □ Delays caused by unexpected research problems (graduate students)
  □ Other (non-availability of classes or delayed enrollment, and/or problems with fee payment cannot be considered as acceptable reasons).

Advisor’s Comments:

__________________________________________________________

If you have any reservations, please indicate separately on department letterhead.

__________________________________________________________

Academic Advisor’s Name (please print) ________________
Title ____________________________
Department Name ____________________________

Advisor’s Signature ____________________________
Date ____________________________

FOR IESC USE ONLY

☐ Verified unofficial transcript in PS
☐ Verified Major in PS / SEVIS / Master Roster match
☐ Verified Current U.S. Address
☐ Verified Grad Date in PS
☐ Updated PS I-20 (EOS, financials, DSO Name)
☐ Updated SEVIS (EOS, financials)
☐ Updated SEVIS Registration
☐ Print I-20 and Bio Page
☐ Update Stu Summary Sheet
☐ FSA: ____________________________ Date: ____________________________