



The University of Pittsburgh  
Office of International Services

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## F-1 Extension Request

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If you are in F-1 status, you have been granted permission to stay in the U.S. for “D/S,” which stands for “Duration of Status.” This means that you have permission to stay in the U.S. until the expiration date on your Form I-20 or the completion of your program of study, whichever comes first, plus a 60-day grace period (plus any authorized period of optional practical training after completion of a program). You must be pursuing a full course of study and making normal progress towards completing the course of study indicated on your Form I-20. If you are not going to be able to finish your program by the end date on your Form I-20, you must apply for an extension of stay in order to remain in lawful status. Extensions may only be authorized if the reason for the delay satisfies the lawful requirements for an extension as set forth in the U.S. immigration regulations.

### **HOW TO APPLY FOR AN EXTENSION**

*Submit the following to OIS no sooner than 120 days and  
no later than 30 days prior to the expiration date on your Form I-20:*

- The attached **Academic Advisor’s Recommendation Form**.
- A letter from your Academic Advisor providing detailed information regarding the reason(s) you need more time to complete the program.
- Evidence of financial support to cover the period requested in the extension. If your source of financial support is the University of Pittsburgh, you must submit an appointment letter from your hiring department. If your funding comes from outside the University, you must submit the attached **Certification of Financial Responsibility** form along with the appropriate accompanying documentation.
- If you have dependents in F-2 status, you must complete the attached **Dependent Information Form**.

Once OIS has received these items, we will review your case to determine whether or not you meet the lawful eligibility requirements for an extension of your Form I-20. If you meet all lawful requirements, OIS will issue you a new Form I-20 with a new program completion date/expiration date. You will be asked to come in and sign the Form I-20. The new Form I-20 replaces all previous Forms I-20 and becomes your current, valid, lawful document. Please note that you should always **KEEP** all old Forms I-20, because the U.S. Citizenship & Immigration Services (USCIS) requires copies of previous documents when processing applications for certain benefits, such as Optional Practical Training or a change of status. You should keep all previous Forms I-20 in a safe and secure location.

**\*\*\*The extension process must be completed *prior to the expiration date on your current Form I-20*. If you do not submit a complete extension packet to OIS prior to the expiration date on your current Form I-20, you will lose your F-1 status. Please plan ahead and submit your extension request at least 30 days prior to the expiration date on your current document!\*\*\***

In addition to extending your Form I-20, you may also wish to extend your visa (the stamp in the passport), but this is not required to remain lawfully in the U.S. Visas only need to be valid when you are entering the U.S.; they do not have to be valid for your entire period of stay inside the U.S. It is the Form I-20 that must always be valid while you are in the U.S. If you elect to extend your visa, please be aware that you can only do this outside of the United States at a U.S. Embassy or Consulate. F-1 visas are not renewable within the United States.

If you have questions about this process, please contact OIS at 412.624.7120.



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## F-1 Extension Request: Academic Advisor's Recommendation Form

**Academic Advisor:** This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Citizenship & Immigration Services (USCIS). Its completion is needed for an international student in F-1 status to apply for an extension of the time limitation placed upon the student's current program of study. Please complete this form in full and attach a detailed letter explaining why more time is needed. See #2 on the previous page.

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Expiration date on current Form I-20: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Degree pursuing (please circle):                  Bachelor's          Master's          Doctoral          Non-Degree          Other

If you have questions, please contact an Advisor in OIS at 412.624.7120.

### A. Academic History:

Number of credits required for degree: \_\_\_\_\_ For course work: \_\_\_\_\_

Number of credits for thesis/dissertation: \_\_\_\_\_

Describe any additional requirements: \_\_\_\_\_

Total credits earned to date: \_\_\_\_\_ (Course work: \_\_\_\_\_ Thesis/Dissertation: \_\_\_\_\_)

### B. Current Status:

1. I anticipate that this student will complete all requirements for the current program of study on or about:

\_\_\_\_\_ *mm/dd/yyyy*

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

\_\_\_\_\_ Delays caused by a change in major field of study (*see attached detailed letter*)

\_\_\_\_\_ Delays caused by a change in research topic (*see attached detailed letter*)

\_\_\_\_\_ Delays caused by unexpected research problems (*see attached detailed letter*)

\_\_\_\_\_ Delays caused by lost credits upon transfer to our school (*see attached detailed letter*)

\_\_\_\_\_ Other (*see attached detailed letter*)

### C. Tuition Estimate:

All internationals are required to show proof of financial support for the duration of their extension. Please provide an estimate of the students expected tuition and fees *for the duration of the requested extension period.*

<b>Tuition</b>	
<b>Fees</b>	

***"I therefore recommend that this student be allowed additional time to complete studies."***

Advisor's Name (print): _____	Advisor's Signature: _____
Telephone: _____	E-mail: _____
	Date: _____ <i>mm/dd/yyyy</i>



# Certification of Financial Responsibility

Please review the following information before completing and signing the form.

- Complete the certification indicating the amount of support that will be provided from each source.
  - All proof of financial support must be submitted in the English language.
  - All proof of financial support must be stated in U.S. dollars and clearly state the date that the documentation was written or printed.
  - All proof of financial support must be an original document.
  - All financial resources must be in liquid assets. Stocks, bonds, or other investments with cash value may be accepted if evidenced by a portfolio on the managing firm's letterhead. Please note that retirement accounts cannot be used as a source of financial support unless the sponsor can provide evidence that he/she is, in fact, retired and able to access those funds without penalty for early withdrawal. Real estate or other non-liquid asset such as automobiles, jewelry, or other personal property cannot be used as a source of financial support under any circumstances.
  - More than one sponsor may be used. This form may be copied for use by more than one sponsor.
- If you have accompanying dependents in F-2 status, please complete the attached **Dependent Information Form**. You will also need to provide evidence of financial resources to cover their estimated expenses. For each dependent, the additional cost is estimated at **\$3,260 per year**.

\_\_\_\_\_

Sponsor's Name \_\_\_\_\_  
Family Name Given Name Middle Name

Sponsor's Address (Number and Street):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship of Sponsor to Student \_\_\_\_\_

## STATEMENT OF FINANCIAL RESPONSIBILITY

I hereby certify that I will provide financial support for \_\_\_\_\_ to engage in a program of study at the University of Pittsburgh and (if applicable) the following number of accompanying family members \_\_\_\_\_. I will provide funds from the following sources:

\$ \_\_\_\_\_ provided each year from annual income/salary.  
(NOTE: You must attach evidence documenting your annual income salary.)

\$ \_\_\_\_\_ provided from bank account.  
(NOTE: You must attach an official bank statement.)

\$ \_\_\_\_\_ provided from other sources.  
(NOTE: You must identify source(s) and attach documentation.)

**TOTAL available from all sources:** \$ \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

Date \_\_\_\_\_



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## Dependent Information Form

### **Principal's Information** (F-1)

Principal's Name: \_\_\_\_\_  
*Family Name* *Given Name* *Middle Name*

Principal's U.S. Social Security Number, ITIN, or University ID (if applicable/known): \_\_\_\_\_

### **Dependent Information** (F-2)

*For each of your accompanying dependents, please provide the following information. Attach additional sheet if necessary.*

**#1** - Salutation:  Dr.  Mr.  Mrs.  Ms. Gender:  Male  Female Relationship: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

**#2** - Salutation:  Dr.  Mr.  Mrs.  Ms. Gender:  Male  Female Relationship: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

**#3** - Salutation:  Dr.  Mr.  Mrs.  Ms. Gender:  Male  Female Relationship: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

**#4** - Salutation:  Dr.  Mr.  Mrs.  Ms. Gender:  Male  Female Relationship: \_\_\_\_\_  
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
SSN (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_