

CRANFORD CAMPUS ELIZABETH CAMPUS PLAINFIELD CAMPUS SCOTCH PLAINS CAMPUS

INTERNATIONAL SERVICES PROGRAM EXTENSION APPLICATION

If you are unable to complete your degree requirements by the completion date specified on your I-20 (item #5), you must apply for a program extension at least 15 days before but no later than the completion date indicated on the I-20. You may lose your F-1 status and all F-1 benefits if:

- You fail to apply for a program extension before your I-20 expires, even if you have valid reasons for an extension; or
- You apply for a program extension in a timely manner, but do not meet the requirements for an extension.

Eligibility Requirements

F-1 regulations strictly limit when and under what circumstances Union County College may grant a program extension. An extension may be granted only if you have continually maintained full-time student status and if the delay in completing your degree is the result of "compelling academic or medical reasons." Examples of compelling academic reasons for requiring more time are:

- change of major/research topic
- change or absence of faculty advisor
- problems with data collection or research methodology

The following are not considered acceptable reasons for a program extension:

- you need to retake courses for which you received unsatisfactory grades
- you need additional time to make up 'incomplete' courses
- you failed to work closely or consult with academic advisors
- you have not made full-time effort at meeting your degree requirements, due to personal, financial, or employment-related reasons

Notification Procedure

Applications for extension of program must be submitted no less than 2 weeks prior to the expiration of your current I-20. Upon receiving the above documents, International Services will review your eligibility for a program extension. If your request is approved, an extension for a maximum of one year will be granted. We will update your F-1 records and provide you with a new I-20 with an updated expiration date. If International Services determines that you are not eligible for a program extension under F-1 provisions, or if you do not apply for a program extension before the expiration date on your I-20, you automatically lose your F-1 status and must apply for Reinstatement of Status.

Estimated Yearly Costs for Tuition and Expenses for F-1 Students

International students and their families or sponsors assume all responsibility for student expenses. The following estimated costs are based on twelve (12) credits per semester. F-1 students are required to enroll in the fall and spring semester each academic year. The college reserves the right to change tuition or fees at any time by action of the Board of Trustees.

Tuition Expenses: \$12,002

Living Expenses: \$18,092 (Please note Union County College has no on-campus

housing.)

TOTAL Estimated Expenses: \$30,094

Additional expenses for dependents: \$3,000 per dependent for each year of study at Union County College

Document Checklist

The following are documents that must be provided in order to obtain the Form I-20. Be sure to submit all documents together. **All documents must be in English**. Check off items below when you have them:

- I-20 Application Form
- Affidavit of Support (signed and dated by student and sponsor)
- Evidence of liquid funds available to cover tuition and living expenses
- Photocopy of biographical page in passport
- Copy of current visa and I-94 electronic record number

Financial Support Information

The United States government requires all international applicants provide proof of ability to pay tuition and living expenses before Union County College may issue an I-20. If you are relying on personal or family support, you must provide documentation of financial support, stating your sponsor's name and address and verify the ability to pay your education-related expenses. If your financial support is coming from your home government or other official agency (e.g., AMIDEAST or SACM), you must submit appropriate documentation from your sponsor. **All documents must be in English**.

Acceptable evidence of financial support	Unacceptable financial documents include:
Only Original copies or certified/notarized accepted	
Bank statements indicating required currency amounts (issued within the last 30 days)	Chartered accountant statements
Bank loans for educational purposes	Payroll reports / expected income
Scholarship letters	Tax statements
Investment statements indicating liquid	Property assessments
Government funding	Credit card statements
	Bank statements lacking currency
	Other statements of non-liquid assets

Please be aware that you will not be able to pay for the full amount of your education by working while you are in the United States. Government regulations strictly limit employment and require that holders of student visas be full-time students. Therefore, job opportunities are extremely limited.



Biographical Data

1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000 ELIZABETH CAMPUS PLAINFIELD CAMPUS SCOTCH PLAINS CAMPUS (908) 709-7000 (908) 412-3599 (908) 709-7000

I-20 Program Extension Application

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Student ID N	lumber:	Anticipated Program End Date:					
 Last Name			First Name		Middle Name		
Reason for E	xtension:						
Change	e in Major		_ Change	e or Absence of Ac	lvisor O	ther:	
Address in H	ome Coun	try:				(Spec	ify reason)
House Numb	er S	 Street	City	State	ZIP Code	Cour	ntry
U.S Address:							
House Numb	per S	 Street	City	State	Zip Code	Coun	try
Telephone N	lumber:			Email Add	ress:		
Country of B	irth:			C	ountry of Citizensh	ip:	
Date of Birth:			City	of Birth:	Gender: Male _		Female
	Month/Day	/Year					
Dependent I be accompan			_		formation if you ha	ve any depe	ndents who will
First Name	Last Name	Date	of Birth	Country of Birth	Country of Citize	nship	Relationship
First Name	Last Name	Date	of Birth	Country of Birth	Country of Citize	nship	Relationship
 First Name	Last Name	 Date	of Birth	Country of Birth	Country of Citize	nship	Relationship
Student's Sig	nature:					Date:	



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International Student Services Affidavit of Support

Last Name		First (Given) Name	Middle Name	
Student ID #:		Date of Birth(MM/	 DD/YYYY)	
Note: If you do not	have a sponsor and are	e self-funding your educatio	n, submit a copy of your bank statement.	
		Source of Support: Funds	-	
Sponsor's Name:		Re	ationship to Student:	
Complete Address:				
Геlephone Number:		Email:		
Yearly amount of su	pport to applicant (U.S	. dollars):		
List any other deper	ndents you have:			
First Name		Date of Birth	Relationship	
First Name	Last Name	Date of Birth	Relationship	
First Name	Last Name	Date of Birth	Relationship	
	davit of support, I pror of the applicant whose	· · · · · · · · · · · · · · · · · · ·	sible for tuition, fees, living expenses, and any o	ther
Sponsor's Signature	:	Г	ate:	