ROCKHURST UNIVERSITY
International Student Services

REQUEST FOR EXTENSION OF I-20 PROGRAM END DATE

First Name | Last Name | Student ID

Email address | Phone Number

Please select the reason below for your I-20 Extension Request:

☐ Change of major

☐ Medical (must attach medical documentation)

☐ More research required by thesis advisor/committee (graduate students only)

☐ Other (please specify)

Current I-20 End Date (MM/DD/YYYY) -

Requested I-20 End Date (MM/DD/YYYY)

PROOF OF FINANCIAL SUPPORT

NOTE: Proof of Financial Support must be submitted with this form to demonstrate financial capability for extended period of study. For sponsors, an *Affidavit of Support* form will be required.

Personal Funds $

Sponsored Funds $

Name(s) of your financial sponsors

Other Funds $

Other Funding Explanation

TO BE COMPLETED BY ACADEMIC DEPARTMENT

Student's Major | Student's Expected Graduation Date

Advisor's Name | Signature | Date