

Program Extension



Office of Admissions
20 W Indianapolis Avenue, Vincennes, IN 47591
Phone: 812-888-4319 | Fax: 812-888-5572 Email:
intstudent@vinu.edu

If you are unable to complete your present degree by the end date indicated on your current I-20, you may apply for an extension within prior to that end date on your current I-20. You are eligible if you have been maintaining your nonimmigrant status, making normal progress towards completion of your degree, and if academic dismissal or suspension has not delayed your completion. Have your academic advisor complete the bottom portion of this form. Then, submit this form to ISA along with proof of funding.

SECTION A: TO BE COMPLETED BY THE STUDENT

| | | | |
|--------------------------------------|--------|---------------|--|
| Family Name: | | Given Name: | |
| Date of Birth: (MM/DD/YYYY) | VU A#: | SEVIS Number: | |
| Email Address: | | Phone Number: | |
| Current I-20 or OPT Expiration Date: | | Degree/Major: | |

2019-2020 Minimum Funding Requirements

| | Tuition | Room & Board | Books and Fees | Health Insurance | Spending Money | TOTAL |
|----------------------|----------|--------------|----------------|------------------|----------------|----------|
| 1 Year (30 credits) | \$14,095 | \$10,590 | \$1,570 | \$1,000 | \$1,500 | \$28,755 |
| 1 Year (ESL Classes) | \$15,034 | \$10,590 | \$1,570 | \$1,000 | \$1,500 | \$29,694 |

I understand that I am responsible for the cost of tuition and fees accrued during my time as a VU student.

Student Signature: _____

Date: ____/____/____

TO BE COMPLETED BY ACADEMIC ADVISOR

* Must provide a signed letter/memo on letterhead stating the reason(s) for extension of program.

| | |
|------------------------|---|
| Academic Advisor Name: | Student's expected date of completion: ____/____/____ |
| Department: | Title: |
| Phone: | Email: |

Advisor Signature: _____

Date: ____/____/____

TO BE COMPLETED BY INTERNATIONAL STUDENT AFFAIRS

Determine student eligibility, approve, enter into SEVIS, and keep a copy on file.

| | |
|------------------|----------------------|
| Approved by ISA: | Date: ____/____/____ |
|------------------|----------------------|