

I-20/DS-2019 Extension Request: Graduate Students

Part I: Student Information – Student Completes

Last Name	First Name	Tufts ID
Academic Program		Degree
End date of current I-20/DS-2019	Requesting extension until	

Funding Information

Your I-Center Advisor will check the balance of your Bursar account.

Do you have any unpaid fees or dues to Tufts University? Yes No

Your I-Center Advisor will update the financial information on your I-20 for \$1700/month (+\$360/month for a spouse, and +\$260/month for each child) for living expenses and any tuition or [applicable additional fees](#) that will be owed to the school for the duration of your extension.

Please indicate how you are planning to financially support yourself for the duration of your extension. Select all that apply.

- ☐ Personal bank statement
 - ☐ Tufts tuition scholarship and/or stipend (complete information below)
 - ☐ Sponsor's bank statement or non-Tufts scholarship award
-

Part II: Academic Progress & Tuition Information – Academic Advisor Completes

What is the student's new anticipated date of completion?

Academic Progress

By signing below, I confirm the above student

- ☐ Needs additional time to complete all degree requirements
- ☐ Is making normal progress towards the completion of their degree
- ☐ Has been in full-time status for the past nine months

Additional comments if any:

Tufts Scholarship & Stipend Information (if applicable)

If a student is receiving tuition scholarship and/or stipend from RA/TA, indicate how much and the duration:

Tuition	Monthly Stipend	From	To
---------	-----------------	------	----

Will the department cover student's health insurance and health services fee?

- ☐ Yes, for the entire period in which the extension is being requested
- ☐ Yes, but only for a limited period of the extension From To
- ☐ No, student is responsible for their insurance coverage for this time period

Advisor's Signature	Name	Date
---------------------	------	------