

**International Student Affairs (ISA)**

Division of Student Affairs  
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## Application for Program Extension

To be authorized for a Program Extension of your I-20, please fill out this form and bring it along with a copy of financial proof of liquid funds showing that you can cover the extension of your studies to International Student Affairs. Please refer to your I-20 for the amount of funding you must prove you have in order to be eligible for an extension.

**Extensions must be authorized before the end date on the I-20.  
ISA recommends you apply 2-3 months before the end date on your I-20.**

**PERSONAL INFORMATION (To be completed by the student)**

Name: \_\_\_\_\_ Hofstra ID # \_\_\_\_\_  
Surname/Family Name Given Name

U.S. Address: \_\_\_\_\_  
Street City State Zip

U.S. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If the financial document is not under your name, please provide your sponsor's name and signature:

Sponsor's Name: \_\_\_\_\_ Sponsor's Signature: \_\_\_\_\_

**ACADEMIC INFORMATION**

**Degree or Program:**  Bachelor  Master  Doctorate  Law  Pathway  Academic English

**Major or Field of Study** \_\_\_\_\_

**ACADEMIC ADVISOR (To be completed by the student's academic advisor. For undergraduate students, this form needs to be completed by the advising Dean in the Center for University Advising.)**

**A student may be granted a program extension if the delay was caused by a compelling academic or medical reason. Delays caused by academic probation or suspension are not acceptable reasons for a program extension.**

The student will not complete the program of study due to the following reason:

- Delay caused by a change in major
- Delay caused by adding a major/minor
- Delay caused by unexpected research problems
- Delay caused by a medical illness (must be accompanied by a doctor's note from a licensed doctor in U.S.)
- Other (please specify reason) \_\_\_\_\_

I expect the student to complete all program and degree requirements by: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Academic Advisor's Name (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Department** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Date** \_\_\_\_\_

**DSO** \_\_\_\_\_ **Notes** \_\_\_\_\_