



Use this form to request an extension of the program completion date on your I-20, if you are unable to complete your degree in the standard time allowed for degree completion. You MUST request an extension before the current program end date on your I-20.

- 1 – Complete Part I of this form
- 2 – Have your academic advisor/supervisor complete Part II of this form.
- 3 – Complete the I-20 Extension Funding Form if self-supported **OR** submit the I-20 Extension Funding Form (Department) if funded by your department.
- 4 – Submit this Extension of I-20 Form **and** either the department funding form **OR** self-supported student form (plus supporting financial documents) to your CGE advisor. Any missing information will result in a delay in processing your request.

(If you receive department funding that doesn't meet the required level of funding, your CGE advisor will contact you. You can then show evidence of personal or sponsor funds to cover the difference.)

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**PART I: TO BE COMPLETED BY STUDENT**

Name: Woo Min Kim FSUID: wk18

Address: 5344 Tewkesbury Trace Phone: 919-348-1170

Look at your I-20 and write the program end date date here: 12/14/2024

Have you already had one or more I-20 extensions? Yes ☒ No ☐

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**PART II: TO BE COMPLETED BY SUPERVISOR/ACADEMIC ADVISOR**

1. Is this student making normal, satisfactory progress toward the completion of their degree? ☒ Yes ☐ No (please explain if no):  
\_\_\_\_\_
2. This student's current I-20 program end date is indicated above. By when should this student to complete the requirements for their degree?  
☐ Fall ☐ Spring ☒ Summer Year: 2025
3. Total number of credit hours required in the additional semesters included in period of the I-20 extension: 9  
(0 is not an option) | How many of those required credit hours are online? 0
4. Delay in completion caused by (please check all that apply):  
☐ Change in major  
☐ Lost credits upon transfer to FSU  
☐ Change in research topic  
☐ Unexpected research problems (explain below or attach explanation)  
☐ Other (explain below or attach explanation)
5. If your student indicated (see student section above) that they have already had an I-20 extension, provide detailed information explaining why another extension is necessary. (Explain below or attach explanation)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**I recommend that this student be granted an I-20 extension to complete their degree:**

Academic Advisor/Supervisor Name and Title: Wei Wu / Professor in Statistics

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: wwu@fsu.edu



FLORIDA STATE UNIVERSITY

DIVISION OF STUDENT AFFAIRS

Center for Global Engagement

**I-20 EXTENSION  
FUNDING FORM (Department)**

**Student: Submit this form and the Extension of I-20 form signed by your supervisor/academic advisor.**

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**Student Information (Completed by Student)**

Name: Woo Min Kim FSUID: wk18

Current I-20 program end date:

Indicate the semesters of your extension in which you expect to receive financial support from your department:

☐

Fall 20\_\_\_\_\_

☐

Spring 20\_\_\_\_\_

☐

Summer 20\_\_\_\_\_

Total number of semesters: \_\_\_\_\_

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**Department Information (Completed by Department)**

This student is applying for an extension of the program completion date on their I-20 immigration form. The accompanying Extension of I-20 Form indicates the number of semesters approved for the extension.

Please complete this form to confirm what department funding is available for this student for the period of the requested extension.

Stipend (Indicate amount for all semesters that apply):

\$ \_\_\_\_\_ (Fall semester of extension)

\$ \_\_\_\_\_ (Spring semester of extension)

\$ \_\_\_\_\_ (Summer of extension)

Matriculation Waivers: \_\_\_\_\_ credits (Fall) \_\_\_\_\_ credits (Spring) \_\_\_\_\_ credits (Summer)

Out-of-State Waivers: \_\_\_\_\_ credits (Fall) \_\_\_\_\_ credits (Spring) \_\_\_\_\_ credits (Summer)

The student will receive \$ \_\_\_\_\_ as a health insurance subsidy for the period of the extension

Latin America/Caribbean Scholarship: \$ \_\_\_\_\_ for \_\_\_\_\_ semesters

Other: \_\_\_\_\_

Department Contact: \_\_\_\_\_

**Name and Title**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## I-20 EXTENSION FUNDING FORM (Self-Supported)

**Students: If your support comes from more than one sponsor, duplicate this page and submit a signed Sponsor Certification from each sponsor.**

### Calculation of funding required for I-20 Extension

Expenses	Graduate Student	Undergraduate Student	Calculate
Number of credits required in period of extension	<u>9</u> credits X \$1,111 0	<u>      </u> credits X \$721 0	<u>9999</u>
<b>Living Expenses:</b> Indicate number of semesters included in extension:	<u>1</u> Add: \$5630 0	<u>      </u> Add: \$4668 0	<u>5630</u>
<b>Books/Insurance</b> (Indicate "1" by each that applies) Fall semester extension Spring extension Summer extension Year extension	<u>      </u> Add: \$2078 0 <u>      </u> Add: \$2754 0 <u>      </u> Add: \$1000 0 <u>1</u> Add: \$3832 0	<u>      </u> Add: \$2078 0 <u>      </u> Add: \$2754 0 <u>      </u> Add: \$1000 0 <u>      </u> Add: \$3832 0	<u>3832</u>
<b>Dependent Spouse</b>	<u>1</u> \$2000 per semester/summer		<u>2000</u>
<b>Dependent Children</b>	<u>1</u> children at \$1333 per child per semester/summer		<u>1333</u>
TOTAL Funds Required for Extension:			<u>22794</u>

### Source of Funding for Period of Extension

#### Student with Sponsor, Scholarship, or Personal Funds: Complete This Section

SOURCES OF FUNDING: Please indicate your source(s) of funding for the requested period of extension of your I-20.

Check all that apply	Type of Funding	Required Documentation
<input type="checkbox"/>	Student Savings	Submit a Bank statement no more than 6 months old that includes: Name of Account holder, date, amount, type of account currency, amount available in US dollars.
<input checked="" type="checkbox"/>	Sponsor	Submit a Bank statement no more than 6 months old that includes: Name of Account holder, date, amount, type of account currency, amount available in US dollars. Completion of Sponsor Statement Below also Required.
<input type="checkbox"/>	Scholarship	Submit a copy of the award letter.
<input type="checkbox"/>	Other	Submit supporting documents.


### Student Certification

I certify that the information given on this form is complete and accurate. I am aware that an incomplete form will result in a delay in processing my application. Any false or misleading statement by me or my sponsor can result in a denial of the extension.

Name: Woo Min Kim Signature:  Date: 11/26/2024

### Sponsor Certification

I certify that the above information regarding my sponsorship of this student is correct, and that funding in the amount of \$ 71,367.40 will be available to support this student. I am providing bank and/or other financial institution verification demonstrating the availability of the required funds.

Name: Jae Jung Kim Signature:  Date: 11/27/2024

Relationship to Applicant: Parent