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ISSI Forms

International Student & Scholar Institute

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ISSI form 129: Certification of program extension for international students

International Student & Scholar Institute, Northeastern University

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ISSI Form 129

Certification of Program Extension for International Students

If an international student requires additional time for the completion of his or her chosen program of study, the student - if eligible - will need to obtain authorization for an extension from the ISSI. In addition to this form, **the student must also complete and submit the *Request for an I-20/DS-2019: ISSI Form 122* (available at the ISSI).**

Please apply for an extension sufficiently in advance of the current program completion date noted on your I-20--at least one month in advance--to allow the ISSI to approve the extension and to issue an updated I-20 or DS-2019. There are three parts to this form: **Part I** must be completed by the international student; **Part II** by the student's academic advisor; **Part III** must be also signed by the student's dean or designated college/graduate school official (e.g. SEVIS contact).

Part I. Personal Information

To be completed by the international student.

Name: _____
Family / Last First / Given Middle

Northeastern ID: _____ **Major/ Program** _____ **Degree:** _____
Associate/Bachelor/Master/Doctorate

Please indicate which of the following is necessary for completion of your program

- ☐ There is/are still remaining course(s) to take in order to graduate ***beyond the current I-20 end date***
  (Indicate number of remaining credit hours) _____ Credit/Quarter Hours after my current registration
- ☐ Thesis Continuation
- ☐ Doctoral Continuation (Dissertation Continuation)
- ☐ Co-OP/Internship/Practicum/Clinical Extension
- ☐ Other: _____

IMPORTANT: If you are applying for a program extension **during your last term,** you must be enrolled full time or the equivalent.

Estimate expenses for your I-20 extension

In order to calculate your expenses for I-20 extension, please make sure to get the most updated tuition cost for your program from the Student Account office web site: **http://www.northeastern.edu/financialaid/studentaccounts/tuition.html**

(Tuition) Cost for 1 credit hour = X _____credit hours = $_____

- Please calculate with 1 credit hour tuition for Thesis continuation or Ph.D. continuation.

(Living Expenses) Estimate cost for 1 month = $1,000 X _____ months = $ _____

- 1 semester = 4 months, 1 Quarter = 3 months

Total estimate cost for my I-20 extension: **$**_____

Attached financial document(s) for this extension request is/are:

☐ My own account ☐ SGA (TA/AR) Statement ☐ My sponsor's ☐ My educational loan ☐ Scholarship statement
☐ Co-op offer letter with compensation information ☐ Other **(Non-CPS Undergraduate student only)**

(Question regarding on-campus employment status/history and Student Graduate Assistantship stats/history)

1. **Are you currently working or have you ever worked on-campus at Northeastern University?** ☐ Yes ☐ No
2. **Do you intend to continue to work on campus during the period of your extension?** ☐ Yes ☐ No
3. **Do you have a graduate assistantship (GA) from your department?** ☐ Yes ☐No

"I attest that the above information provided is true and accurate."

Signature: _____ **Date:** _____
Month/Date/Year

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Part II. Verification
To be completed by the student's academic advisor

Please check the following to ensure the student's eligibility for a request for a program extension:

☐ The above-named student **has maintained** full-time academic status during the regular academic terms and has been making satisfactory progress toward the successful completion of his/her program.
☐ The above-named student **could not maintain full-time status** during the regular academic terms for the following reason(s): _____

Please check the reason(s) in one of the three categories for the extension request *(please be aware that delays in a program of study caused by **academic probation** or **suspension** are not acceptable reasons for program extension):*

☐ **Academic** (No other documentation is required. The signatures of the student's advisor and dean are sufficient.**)**
____ change of major - the term when change of major approved: _____
____ change of research topic ____ unexpected research problems _____ Thesis/Dissertation Continuation
____ Co-OP/Internship in the past term(s)
☐ **Medical** (A current letter from University Health & Counseling Services (UHCS) should be on file documenting the student's illness)
____ previous documented illness _____ documented illness or medical leave of absence in the past term(s)
☐ **Other - specify reasons**: _____

New Date of Program Completion: _____
Month/Day/Year

Part III. Signatures
Signature required: 1) the student's academic advisor; 2) dean or designated college/graduate school official.

1. Academic Advisor:
"To the best of my knowledge, the information pertaining to this student is accurate and complete."

Print Name: _____ **Print Title:** _____

Signature: _____ **Date:** _____ **Ext.:** _____

2. (For CPS and Non-CPS <u>Graduate</u> Students ONLY): Dean or designated college/graduate school official (e.g., SEVIS contact):
"To the best of my knowledge, the information pertaining to this student is accurate and complete."

Print Name: _____ **Print Title**: _____

Signature: _____ **Date:** _____ **Ext.**: _____

IMPORTANT
1. Please make sure to allow adequate time for this form to be completed, according to your Department / College document processing guideline.
2. This form should be returned to the ISSI only if properly and accurately completed and it is to be considered an official institutional document in case of an audit from the Department of Homeland Security.