



**FUNDING INFORMATION FOR EXTENSION REQUEST**

Use the table below to calculate how much funding you will need to request an extension of your I-20. Then complete the appropriate section below (EITHER as a student with personal/sponsor/scholarship funding OR as a student with assistantships).

Breakdown of Expenses	Graduate Student	Undergraduate Student	Calculate
Number of credit hours left to complete the degree	_____ x \$874 per credit hour	_____ x \$548 per credit hour	= \$
Extension for one semester	Add: \$4,252	Add: \$3,188	+ \$
Extension for two semesters	Add: \$8,504	Add: \$6,376	Or + \$
Extension for one year	Add: \$12,756	Add: \$9,564	Or + \$
Spouse      1 Semester Add: \$1,668	2 Semesters Add: \$3,336	1 Year Add: \$5,000	+ \$
Number of Dependents      x \$1,000 - 1 Semester	x \$2,000 - 2 Semesters	x \$3000 - 1 year: per dependent	= \$
<b>TOTAL FUNDS YOU WILL NEED:</b>			<b>\$</b>

**STUDENT, PLEASE SIGN AND DATE:**

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

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENTS 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.

Types of Funding	Amount available for each year	Required Documentation
Student Savings	\$ _____	Official letter or statement, signed and dated, from bank or financial institution, no more than 6 months old, indicating a current balance to cover the funds needed (as calculated above).
Sponsor (parent, relative, family friend, etc. who is to complete Sponsor Statement below.)	\$ _____	Official letter or statement, signed and dated, from your sponsor's bank or financial institution, indicating a current balance to cover the funds needed (as calculated above). Funds must be in the form of liquid assets, i.e., cash or assets that can easily be converted into cash (savings or checking accounts). Real estate holdings, stocks, bonds, salary verification letters, retirement funds, and life insurance policies <b>are not acceptable</b> .
Scholarship	\$ _____	Official letter from the awarding institution. The award letter must state the applicant's name, the amount of money available for each year of study, the duration of the award, the degree and academic program, and the name "Florida State University" as the academic institution that the applicant has been approved to attend.
Other	\$ _____	Please specify and include original documentation.
<b>TOTAL</b>	<b>\$ _____</b>	

**SPONSOR STATEMENT (A letter from your sponsor will also suffice).**

I certify that the above information is correct, and that funding in the amount of \$ \_\_\_\_\_ (as calculated above) will be available. I have enclosed bank and/or other financial institution verification demonstrating availability of funds required.

Name of Sponsor (please print) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENTS with ASSISTANTSHIPS, PLEASE ASK YOUR ACADEMIC DEPARTMENT TO COMPLETE THIS SECTION**

Department Funding for the Duration of the Extension	Total
The student will receive a stipend for the duration of the extension requested.	\$ _____
The students will receive an out-of-state waiver of \$ _____ for _____ semesters	\$ _____
The students will receive a matriculation waiver of \$ _____ for _____ semesters	\$ _____
<b>Total Departmental Funding for the Duration of the Extension</b>	<b>\$ _____</b>

Will funding continue for the duration of the program, contingent upon satisfactory academic performance, satisfactory performance of assistantship duties, and availability of funds?    Yes    No. If no, please explain:

If student is from Latin America or the Caribbean (including Puerto Rico and the U.S. Virgin Islands): Will the student be awarded a non-duty scholarship of a minimum of \$500 per academic year and designated as a Latin American - Caribbean Scholarship recipient?

No    Yes    If yes, specify amount of award: \$ \_\_\_\_\_

**Note:** Please include a copy of LAC Scholarship Award letter with this form. || About LAC Scholarships: [www.fsu.edu/gradstudies/spotlight.shtml](http://www.fsu.edu/gradstudies/spotlight.shtml)

Department Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Department Chair (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_