INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAIʻI AT MĀNOA
2600 Campus Road, QLCSS 206, Honolulu, HI 96822 • Phone: (808) 956-8613 • Fax: (808) 956-5076
Website: www.hawaii.edu/issmanoa

Processing takes 5 business days

ACADEMIC ADVISER'S RECOMMENDATION FOR EXTENSION OF TIME FOR A PROGRAM OF STUDY

Date_____UH ID#_____
LAST NAME _____ First Name_____
E-Mail_____@hawaii.edu Tel # _____
Address _____

- **Attach proof of your financial support (bank statement/PNF) for the extension period.**

To: Academic Adviser or Department Head

This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Citizenship and Immigration Services (US CIS). The international student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study. Your approval will result in a visa document (I-20 or DS-2019) valid until the new expected completion date.

1. The student is engaged in the following academic program:
   Major_____Degree_____
   Completion date indicated on admission I-20/DS 2019 (mm/dd/yy): _____
   Revised expected completion date (mm/dd/yy): _____
2. The student is making normal progress towards his or her current degree in a program of fulltime study. _ yes _ no
3. This student has not yet completed the current program of study due to (please check all that apply):
   _ Delay caused by a change in major field of study
   _ Delay caused by a change in research topic
   _ Delay caused by unexpected research problems
   _ Delay caused by lost credits upon transfer to our school
   _ No unusual delay. The original length of time extended to complete studies on the I-20 or DS 2019 form was not reasonable for an average student in this program.
   _Other_____
   _____
   _____

_____
Signature of Academic Adviser Print Name Date

_____
Department Campus Address Phone

Return this form to ISS, QLCSS Rm 206, 15-30 days prior to expiration of current I-20/DS-2019.

See reverse ->>

FUNDING VERIFICATION FOR PROGRAM EXTENSION

Online Tuition & Fee Tables

Fall/Spring	http://manoa.hawaii.edu/records/tuition_fees/
Summer	http://www.outreach.hawaii.edu/

Dependents

$4,000 per person per year or $400 per month

WORKSHEET INSTRUCTIONS

Using the information above, check the appropriate boxes below and fill in the corresponding blanks to calculate the "Total Costs" for the extension period and the "Total Funding" available. Total Funding *must be greater than or equal to* Total Costs. Official documentation of listed funding sources is required. All students must show full-time (FT) funds except those in 700F/800 or those approved by the ISS for part-time (last semester, medical).

COSTS

Tuition & Fees	☐ Undergraduate FT	$_____ x __ semester(s)	=
	☐ Graduate FT	$_____ x __ semester(s)	=
	☐ 700F/800	$_____ x __ semester(s)	=
	☐ Part-time	Number of credit(s) taking _____	=
	☐ Summer Only	Number of credit(s) taking _____	=
	☐ I have a Full Tuition Waiver from _____		
Living Expenses	☐ Fall/Spring	$_7,950__ x __ semester(s)	=
	☐ Summer	$_1,500__ x __ session(s)	=
Dependents	☐	$_____ x __ person(s)	=
		TOTAL COSTS	**$**

FUNDING

I have:	☐ Family/Sponsor funds (bank statement within 60 days)	=
	☐ Assistantship (PNF/department offer letter/memo)	=
	☐ Scholarship, Tuition Waiver (attach award verification)	=
	☐ Other (specify + attach verification: _____)	=
	TOTAL FUNDING	**$**

SIGNATURE

I verify that the information above is true and correct.

Student's Printed Name Signature Date