

Part I. To Be Completed by Student

Student's Surname/Family Name _____ First Name _____ Middle Name _____

Current Address _____

Date of Birth _____ Email _____@clemsun.edu Phone _____

CUID _____ SEVIS ID No N000 _____ Current Student Major _____

Department/College _____ Current DS-2019 End Date _____ New Program End Date _____

Current Program: Bachelor's Master's Ph.D. Non-Degree Other: _____

Part II. Purpose of Request

Extend Program Shorten Program Change Program Change Education Level (e.g. from M.S. to Ph.D. or Ph.D. to M.S.)

If you are employed by Clemson University and you request an extension, please also contact HR in the Administrative Services Building, 864-656-2000, after you have received your extended I-20 Form.

Student Signature _____ Date _____

Part III. Application Procedure

Call International Services ([IS](#)) to see an advisor or come during walk-in hours. Please bring the following:

1. This fillable and savable Form IS-220 completed and signed;
2. DS-2019(s);
3. Passport;
4. I-94 card;
5. a) If you have been accepted to a new/higher level degree program, provide a copy of your admissions letter from the Graduate School. No additional signature is needed in Part IV of this form.
 b) If you are a graduate student changing your major while remaining at the same program level, provide a signed copy of your [Form GS-14](#). No additional signature is needed in Part IV of this form.
 c) If you are an undergraduate student changing majors, have the academic advisor/undergraduate coordinator of your new major sign this Form IS-220.
 d) If you are requesting a program extension, your academic advisor **MUST** provide a valid academic or medical reason in addition to signing Part IV of this form.
6. New financial support document (less than 6 months old), which shows access to funds to support yourself for the duration of the extension. This should include all anticipated tuition, fees, living expenses, books and supplies.

Current minimum living expense for one month is \$1,043.00 for the student, \$500.00 for a spouse and \$365.00 for a child. **Written evidence of financial support is required** (i.e. - an offer letter or a letter/ statement from a bank).

Part IV. To Be Completed by Student's Academic Advisor

I certify that the above request is accurate in conformance with applicable departmental, college and university policies. I further certify that this student will complete the program on the date requested or is unable to complete his/her program by the date specified on his/her form DS-2019 due to:

Name of Academic Advisor _____ Campus Phone: (864) _____

Department _____ E-mail _____@clemsun.edu

Signature _____ Date _____