

Office of the Registrar

Designated School Official for

Nonimmigrant Matters

2300 Adams Avenue

Scranton, PA 18509

Phone: (570) 348-6280 Fax: (570) 961-4758

E-mail: registrar@maryu.marywood.edu

Website: www.marywood.edu

FORM I-20 EXTENSION FOR PROGRAM COMPLETION

Eligibility Criteria for Form I-20 Extension

- This form is to be used by continuing Marywood University students to request an extension of the program end date on your Form I-20.
- You must request an extension of your program end date before the current end date on your Form I-20. Failure to do so will have a negative impact on your immigration status.
- In order to be eligible for an extension, the student must be maintaining status, making normal progress toward completion of degree or certificate, and have academic or language test requirements remaining.
- Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons.
- Delays caused by academic probation or suspension are not acceptable reasons for program extension [8 CFR 214.2(f)(7)(iii)]
- Extensions will not be granted solely because the student was delayed by engaging in employment such as Curricular Practical Training (CPT).

Student Information

Last Name (Surname)		First Name	Middle Name				
Street Address	City	State	Postal Code				
()			N				
Preferred Contact Phone Number	E-Mail Address		SEVIS ID Number (Must be eleven digits)				
Degree/Program Level:	Intensive English Program	Bachelor	Master Doctoral				
Financial Information ar	nd Required Documentation						
	•		nd fees and living expenses for the first year of ester's funding evidence will be required.				
An updated Certification of Finances Form and accompanying bank statement(s) or a Financial Guarantee must be submitted with this request.							
Estimated costs for the current	t academic year may be found on t	he reverse of this fo	orm.				
The Certification of Finances fo	orm may be found at www.marywo	od.edu/internationa	alstudents.				
Student Certification							
I affirm that I have read and unde rate to the best of my knowledge.	erstand the request information and the	financial information.	I certify that the information I have provided is accu-				
Signature of Student		Dat	re				
	———— Office	Use Only ———					

Initials: _____

Date Processed: ____/___/

Estimated Costs for the 2017-18 Academic Year

INTENSIVE ENGLISH PROGRAM						
ITEM	FA/SPR	SUMMER	12-MTH			
A. TUITION	7,950	1,590	9,540			
B. LIVING	13,600	2,300	15,900			
C. DEPDNT			5,000 PER			
D. OTHER*	4,000	500	4,500			
E. TOTAL††	25,550	4,390	29,540			

BACHELOR'S DEGREE						
ITEM	FA/SPR	SUMMER	12-MTH			
A. TUITION	31,695	6,950	38,645			
B. LIVING	13,900	2,300	16,200			
C. DEPDNT			5,000 PER			
D. OTHER*	4,500	800	5,300			
E. TOTAL††	50,095	10,050	60,145			

MASTER'S DEGREE						
ITEM	FA/SPR	SUMMER	12-MTH			
A. TUITION	9,420	4,700	14,120			
B. LIVING	13,900	2,300	16,200			
C. DEPDNT			5,000 PER			
D. OTHER*	4,500	850	5,350			
E. TOTAL††	27,820	7,850	35,670			

DOCTORATE						
DOCTORATE						
ITEM	FA/SPR	SUMMER	12-MTH			
A. TUITION	10,620	5,300	15,920			
B. LIVING	13,900	2,300	16,200			
C. DEPDNT			5,000 PER			
D. OTHER*	4,500	850	5,350			
E. TOTAL††	29,020	8,450	37,470			

MASTER'S DEGREE SELECTED PROGRAMS									
	EDUCATION		MSW/PA/CSD		ARCHITECTURE				
ITEM	F/S	SU	12 M	F/S	SU	12 M	F/S	SU	12 M
A. TUITION	6,120	3,050	9,170	8,820	4,400	13,220	9,720	4,850	14,570
B. LIVING	13,900	2,300	16,200	13,900	2,300	16,200	13,900	2,300	16,200
C. DEPDNT			5,000 PER			5,000 PER			5,000 PER
D. OTHER*	4,500	850	5,350	4,500	850	5,350	4,500	850	5,350
E. TOTAL††	24,520	6,200	30,720	27,220	7,550	34,770	28,120	8,000	36,120

 $^{{}^{*}\}mathrm{Other}$ costs represent books, supplies, and medical insurance.

^{††}Total does not include cost of dependent(s).