

I-20/DS-2019 Extension

To extend your I-20/DS-2019, please submit this form, signed by you and your department representative. You will be notified via email when your I-20/DS-2019 is ready for pick up. You **must** pick up your new I-20/DS-2019 in order to continue legally studying in the U.S.

PERSONAL INFORMATION	I (to be completed by studen	t):	
Student ID:	SEVIS ID Numb	Der:	 f I-20/DS-2019
Name:		TAXAAAAAAA, SII TOP SI	120,00 2017
	Family Name	First Name	
KGI Email Address:			
Are you (or your dependent	ts) planning to travel out of th	ne country before the s	start of the term?
Review the funding information statements have not change	ation listed on your current I- ged, as required by US law:	20/DS-2019. Please ve	rify that these
Yes, my funding inform	nation remains the same		
	ation has changed and I will apporting statements	submit the second pag	ge of this form
EXTENTION VERIFICATION	(to be completed by Acade	mic Advisor/Dean):	
continuing to make normal	needs additional time to com academic progress towards spent in academic probation	the degree. The reque	est for additional
Complete one:	(Term/Year) or	(MM/DD/YY fo	or Ph.D. students)
Academic Advisor or Dean	Signature		Date
Student Name	Student Signa	ature	 Date



THIS PAGE REQUIRED ONLY IF THE FUNDING INFORMATION ON YOUR CURRENT I-20/DS-2019 IS NOW INVALID

Program	Tuition	Living Expenses*	Health Insurance*	Estimated Total**
MBS, MEng, MSMDE	39,900	19,060	800	59,760
MS, MSTM, MSGDA	39,658	19,060	800	59,518
PhD	27,438	19,060	800	47,298
PPC	32,136	19,060	800	51,996
PPM	31,209	19,060	800	51,069
CBM (on-campus program)	10,404	19,060	800	30,264
J-1 Scholar	N/A	\$1600 per month	\$70 per month	1,670 per month

^{*} Living Expenses& health insurance are an estimate. Actual cost will vary according to arrangements

SOURCE OF FUNDING

Enter the source(s) and amount(s) of your financial support, in U.S. dollars. Attach financial documentation supporting these claims in the form of a checking, savings, or demand deposit account bank statement(s) and/or copies of your financial award(s) from KGI. The bank name, account type (i.e. checking or savings), account holder's name, and account number must be written in English. KGI can conduct currency conversions. If your bank is unable to produce a statement in English they may provide you with a letter verifying the same information. All documents must be no older than 7 months.

Please note that an I-20/DS-2019 cannot be issued based on future earnings (i.e. salary statements) or on funds that are not readily available (i.e. documentation of stock holdings or investment portfolios, credit card statements, etc.).

Resorativos	US\$
Family or Individual Sponsor's Funds	
Sponsor must attach a written, signed statement of support to bank documentation (i.e. "I guarantee funds in the amount listed here will be available to support enrollment at KGI.)" This may be delivered via email.	US\$
Sponsoring Organization, Firm, or Government (attach award letter)	
Name of Sponsoring Party	US\$
Attach an original signed letter that specifies the amounts provided for tuition and/or living expenses and year/s covered by the award. Sponsor companies or organizations may be required to provide bank verification.	
KGI Award, if applicable (attach award letter, if you have it)	US\$
KGI International Student Loan (Complete all steps with the Financial Aid Office FIRST) F-1 applicants may apply for a maximum of \$20,500 from the International Student Loan program. If you wish to apply for aid, please secure your funds before completing this form. You may learn about the process and sign the promissory note here . Please contact the Financial Aid Office at finaid@kgi.edu with any questions about the loan.	US\$
Other—please specify:	US\$
TOTAL AMOUNT OF SUPPORT (must add up to minimum required)	US\$

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CERTIFICATION		
I ATTEST THAT ALL STATEMENTS MA ACCOMPANYING FINANCIAL STATEM	ADE ON THIS FORM ARE TRUE AND ACC ENTS ARE ACTUAL AND VALID:	CURATE AND THAT ALL
Printed Name	Signature	Date

^{**} An additional \$4,000 is required for a spouse and \$3000 for each dependent