

INTERNATIONAL STUDENTS

Email: <a href="mailto:international@arc.losrios.edu">international@arc.losrios.edu</a> | Phone: 916-484-8169

## I-20 PROGRAM END DATE EXTENSION REQUEST

If your I-20 end date is approaching ("Program End Date" on your I-20) and you need to continue your studies, you must submit a request for an extension of stay. Please submit this request at *least 30 days* before your program end date.

PERSONAL INFORMATION								
Last Name:	First N	First Name:						
Student ID Number:	N/a:a							
Student ID Number:	Major:	i						
Email:	Phone	Phone Number:						
REASON FOR EXTENSION								
Explain why you need an extension and how you will accomplish your educational goals.								
Signature:		Date:						
		1						
<b>Required Attachments</b>								
Comprehensive education pla	n from counselor							
Affidavit of Financial Support	in in counselo.							
Official bank letter (see below	)							
Official Bank Letter Criteria:								
*Should be a single-page document			* <b>Do not</b> send transaction histories					
*Must have been issued within the las	t 3 months	* <b>Do not</b> send routing numbers						
*Must be in English and clearly show t	Ü							
*Must be from personal/checking acc								
	•							
OFFICE USE ONLY  ☐ Approved: updated in SEVIS ☐ Denied Processed by:								



## **ARC International Student Program**

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		AFFIDAVI	T OF FINAN	ICIAL SUI	PPORT			
Enrollment term:	☐ Fall	☐ Spring 20	)					
Student Information	(please print cl	early):						
Last Name		First	: Name			Middle		
Student Email:	Student ID Number:							
Current Cost of Atter	ndance:							
	take a minimum			-		thout notice). All international ars to complete a degree and/or		
ansier to a 4-year unive	ersity.					Proof in Bank Letter		
	Tui	tion fees	Room and Board		alth Insurance/ Books/Misc.	Total Yearly Expenses		
Annual Cost		\$11,184 (\$466 per semester unit)			\$9,630	\$43,566 USD		
You will need to subn	nit an official ba	nk letter that show	vs proof of funds	5.				
	oonsor certifies th	at sufficient financia		e available to	cover the student's	expenses for the duration of		
Sponsor's Name (pri	ponsor's Name (print): Relationship to A			Sponsor's Sigi	•	Date:		
				<u>.                                     </u>				
Address of Sponsor:					Amount of	Sponsorship (US Dollars)		
Street		City/State	Со	untry				
Applicant's Depende			dditional financia	l support regi	uired: \$6,000 for spo	ouse and \$6,000 per each child.		
tttueri a copy or passpe	Troi cacii acpei	lacife fisted below. 7			unea. \$0,000 for spe			
Relationship	Last Name	First Name	Gender	Date of birth (MM/DD/YYYY)	City/Country	of Birth Country of Permanen Residency/Citizenshi		
Spouse								
Child 1								
Child 2								
any information requeste agrees to comply with all	ands and acknowled d on this form or I College and F-1 Imr to cover all expens	misrepresenting any of migration Regulations i ses for the duration of the	f the facts pertaini in effect for each se my studies at Amer	ng to the infor mester for whi ican River Colle	mation on this form ca ch he/she registers tha ge. Furthermore, I agr	int email addresses; (2) that withhold an result in termination; (3) that he/se ereafter. I certify that sufficient finan- ee to be responsible for all expenses River College.		
Applicant Signat	ure:			<del></del>	Date:			