

# GORDON CONWELL

## THEOLOGICAL SEMINARY

14542 Choate Cir., Charlotte, NC 28273 | Phone: (704) 940-5802 Fax: (704) 527-8577 U.S. Country Code 01  
Email: [esl@gordonconwell.edu](mailto:esl@gordonconwell.edu)

## Application for I-20 Extension

### Student Information

Name *(as on passport)*: \_\_\_\_\_

Date:		Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
GCTS Student ID:		GCTS Degree Program:	

Telephone *(include country code)*: \_\_\_\_\_ Email: \_\_\_\_\_

### Explanation of Request *(completed by student)*

Have you ever been on academic probation during your studies at GCTS?	What is your current I-20 end date?	What semester do you anticipate graduating?	What is the new I-20 end date you wish to request?	I am requesting an I-20 extension for the following reason:	Have you previously received an I-20 extension at GCTS?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Academic <input type="checkbox"/> Medical <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If <b>yes</b>, you most likely will not be eligible for an extension, according to federal regulations.</i>	<i>Line 5 of most recent I-20</i>	<i>If necessary, schedule an appointment with the Registration Office to make a plan of study, and to confirm that you will graduate in the listed semester.</i>	<i>Confirm with the Registration Office what the graduation date is for the listed semester.</i>	<i>For reasons of medical necessity, attach a doctor's note with this application.</i>	

### Financial Worksheet & Documentation *(completed by student)*

To complete the *I-20 Extension Application*, you must submit the **Financial Worksheet**, including various supporting documents indicating your ability to cover all expenses corresponding to your student status for **one academic year**. All documents such as bank statements and support letters must have been prepared **within the last 3 months**.  
**Have you attached the Financial Worksheet, with supporting documentation?**  Yes  No, not yet

### Student Signature

I hereby certify that this form is true and correct and understand my responsibilities in providing the documentation described. I understand that falsification of any information is grounds for cancellation of my admission and subsequent enrollment at Gordon-Conwell Theological Seminary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Registrar's Confirmation *(completed by the Registration Office)*

*International students may request an extension of their current program end date on the Form I-20. Such students may or may not be in their final semester of study, but will register for seven or more credit hours during each semester granted for their extension. The Registrar must confirm that the additional time is necessary to complete degree requirements before the International Student Office approves the extension request.*

Please confirm this student's degree program.	How many credit hours remain for to complete this program?	Confirm the new term in which the student should graduate if granted an extension.	Is it reasonable for the student to complete this program within the limits requested by the extension?	Has the student been on academic probation at any point?	A degree audit is attached.
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Registrar's Signature *(completed by the Registration Office)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### International Student Office *(completed by the DSO)*

Confirm the current I-20 end date.	Confirm that there is sufficient reason to grant extension.	Confirm the student's history of I-20 extensions.	Confirm Calculated Expenses & Available Funds.	New I-20 end date confirmed and entered in SEVIS.	Reduced Course Load Required?
_____	<input type="checkbox"/> Academic <input type="checkbox"/> Medical <input type="checkbox"/> Both	<input type="checkbox"/> Prior extensions on _____ <input type="checkbox"/> No prior extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line 5 of most recent I-20	<i>The doctor's note or degree audit provides appropriate support for request.</i>		<i>Student provides completed International Student Financial Worksheet and supporting documentation.</i>		<i>Follow up with student if necessary.</i>

#### DSO Signature *(completed by the DSO)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_