



LANGUAGE AND CULTURE INSTITUTE

REQUEST FOR SEVIS I-20 FORM EXTENSION OF STAY

Name: _____
Last/Family First Middle
(Print your name as it appears on your passport.)

Virginia Tech ID #: _____ Virginia Tech email: _____

Date of birth: _____ Gender (M/F): _____

City and country of birth: _____ Country of citizenship: _____

SEVIS #: _____ Phone: _____

Local address: _____

Address in home country: _____

Reason for extension request: _____

New completion date: _____

Attach a copy of Pages 1 and 3 of your current I-20 to this form.

Financial Support (Please provide a copy of original bank statement, affidavit of support and bank statement, or financial guarantee.)

Source:	Amount:
<input type="checkbox"/> Personal funds	_____
<input type="checkbox"/> Family funds	_____
<input type="checkbox"/> Financial guarantee	_____
<input type="checkbox"/> Other:	_____

Dependents

Name (Surname, given name) <i>Attach copy of passport ID page</i>	Date of birth	Country of birth	Gender (M/F)	Relationship