



STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

E-mail Address

Telephone Number

Current Academic Degree Level

Academic Department

Current I-20 or DS-2019 Expiration Date

Date expected to complete all degree requirements (including thesis/dissertation)

Please answer the following:

- Yes/No I maintained full-time enrollment throughout my academic program
Yes/No I am making normal progress toward completion of degree program
Yes/No I require an extension due to academic dismissal or suspension

Submit this form along with the following: Supporting proof of funding, as needed; Dependent information, if applicable

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

TO DEPARTMENT ADVISOR

To be completed by the Academic Advisor, Department Head, or Dean. If the department or school will provide continued funding (tuition scholarship, stipend, health insurance coverage, etc.) through the requested extension period, please attach a letter outlining this continuation of support.

Student's anticipated completion date: \_\_\_\_\_

Describe why the student's program could not be completed within the allotted time: \_\_\_\_\_

Check All That Apply

- Change of major, Change of academic degree level, Change of research topic, Unexpected research problems, Original length of program was insufficient, Other, please explain: \_\_\_\_\_

ADVISOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_
ADVISOR Name & Title: \_\_\_\_\_
I-20 AND DS-2019 EXTENSIONS FOR DOCTORAL STUDENTS BEYOND 7 YEARS OF STUDY REQUIRE SIGNATURE AUTHORIZATION FROM ASSOCIATE DEAN RICHARD HOOVER OF THE GRADUATE SCHOOL.
GRADUATE SCHOOL SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

# ESTIMATE OF EXPENSES

<b>A.</b>	<b>Program (estimates based on one academic year)</b>	<b>Tuition</b>	<b>Check One</b>	
	Undergraduate	_____	<input type="checkbox"/>	
	Graduate School	_____	<input type="checkbox"/>	
	Research Only	_____	<input type="checkbox"/>	
	Divinity School	_____	<input type="checkbox"/>	
	Law School	_____	<input type="checkbox"/>	
	School of Medicine (M.D.)	_____	<input type="checkbox"/>	
	Hearing & Speech	_____	<input type="checkbox"/>	
	MSCI, MPH	_____	<input type="checkbox"/>	
	Master of Laboratory Investigation	_____	<input type="checkbox"/>	
	Medical Physics	_____	<input type="checkbox"/>	
	School of Nursing	_____	<input type="checkbox"/>	
	OWEN Graduate School of Management	_____	<input type="checkbox"/>	
	Peabody College	_____	<input type="checkbox"/>	
				_____
				Total Tuition
<b>B.</b>	<b>Required Activity Fees</b>		<b>Check One</b>	
	Undergraduate students	_____	<input type="checkbox"/>	
	Graduate/professional students	_____	<input type="checkbox"/>	
				_____
				Total Activity Fees
<b>C.</b>	<b>Academic Program Fees (if applicable)</b>		<b>Check All That Apply</b>	
	Undergraduate Engineering students	_____	<input type="checkbox"/>	
	Nursing Students (Malpractice, Lab, and Other fees)	_____	<input type="checkbox"/>	
	School of Medicine (Liability/Disability, Dental, Microscope fees)	_____	<input type="checkbox"/>	
				_____
				Total Academic Fees
<b>D.</b>	<b>Student Living Expenses</b>	<b>9-month*</b>	<b>12-month</b>	
	(*9-month Expenses for Undergraduate, LLM, & MS Finance Students ONLY)	_____	_____	
				_____
				Total Living Expenses
<b>E.</b>	<b>Dependent Living Expenses</b>	<b>12-month</b>		
		<b>Spouse</b>	_____	
		<b>Child</b>	_____ X _____	
			# children	_____
				Total Dependent Living Exp.
	<b>Dependent Health Insurance</b>			
		<b>Spouse</b>	_____	
		<b>Child</b>	_____ X _____	
			# children	_____
				Total Dependent Health Ins.
<b>F.</b>	<b>Health Insurance, Student Only (required)</b>			
	(Student & Dependent Health Insurance is <u>required</u> ; Amounts based on current health insurance rates; annual increases expected)			_____
				Total Student Insurance
<b>G.</b>	<b>Books and Supplies</b> _____ (required for student enrolled in coursework)			_____
				Total Books and Supplies
<b>H.</b>	<b>TOTAL EXPENSES</b> (Note: Total Expenses should be equal to, or less than, Total Support)			\$ _____
				(sum of items A-G)

# SOURCE OF SUPPORT

Vanderbilt University	\$ _____
Personal or Family Funds*	\$ _____
Home Government*	\$ _____
Other (please describe)*	\$ _____
<b>TOTAL SUPPORT</b>	\$ _____

**\*If university assistance does not cover all expenses**, provide additional proof of funding in the form of an original, current bank statement that:

1. Indicates the amount of money available (current balance)
2. Is signed and dated by bank official within the past 3 months
3. If the account is not in your name, the account holder must write a letter of permission for use of funds to support your study in the U.S.

I certify all information provided is accurate. Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Or Legal Guardian if under age 18) Page 2