



The Study Abroad Foundation

1100 West 42nd Street, Suite 216A Indianapolis, IN 46208 USA

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Email: info@studyabroadfoundation.org

APPLICATION TO EXTEND PROGRAM LENGTH

Instructions

In order to extend your SAF program, please complete the following steps:

- Contact your host university to ensure they can accommodate your desired program extension. There is a place for your host university adviser to approve the extension on page 2.
- Contact your home university to receive permission for the extension period. Approval should be sent to the SAF office in your home country. Confirmation of approval can be sent via email, fax, scan or paper copy.
- Submit new financial documentation (bank statements) to the SAF office in your home country to cover the cost of the additional program period. Please consult SAF if you have questions about the additional documentation needed.
- Complete and return this signed form to SAF Headquarters.
- Upon receipt of this form and confirmation by SAF Headquarters that your host university can accommodate your extension, SAF will send you an extension invoice. This invoice must be paid in full before SAF will notify the host university that we are continuing our sponsorship of your study abroad experience. SAF cannot make any payment to the host university for any extension until the extension invoice has been fully paid.

Until we receive this form, and the above steps have been completed, we cannot extend your program. After these materials have been received, SAF will issue a new sponsorship letter to the host university and authorize your extension. We will notify you when this has been done. At this time we will discuss plans for the extension of your housing. You may be asked to return to the International Office of your host university to receive updated immigration paperwork.

Send this completed form to:

Study Abroad Foundation Headquarters
1100 W. 42nd Street, Suite 216A
Indianapolis, IN 46208 USA
Tel: 1(317) 925-2943

Or you may choose to scan and email the form to:
info@studyabroadfoundation.org

Personal Information

Given Name: _____ Family Name: _____

Date of Birth _____ / _____ / _____
(month) (day) (year)

Program Information

Host University: _____ Host University Student ID # _____

Additional period of **ESL** study: _____ / _____ to _____ / _____
(starting month/year) (ending month/year)

Additional period of **Academic** study: _____ / _____ to _____ / _____
(starting month/year) (ending month/year)

By submitting this form I am requesting to remain on the SAF program at my host university for the above-mentioned program dates and wish to extend my SAF contract for this duration.

Signature: _____ Date: _____

Name (Printed): _____

Host University Approval

By signing below I authorize this student to remain a visiting student for the following additional period of study:

(Semester / Year)

Signature: _____ Date: _____

Name (printed): _____

Notes or restrictions:

SAF Headquarters Notes

Date extension invoice issued (SAF Finance):

Date extension invoice payment received (SAF Finance):

Extension Finalized

Date student notified that his/her extension has been finalized (SAF PC):