

# ELC Extension/Program Change



International Student & Scholar Institute  
405 Ell Hall, [www.issi.neu.edu](http://www.issi.neu.edu)  
617 373-2310 (office)

## ELC / Request for an I-20: ISSI Form 689

The purpose of this form is to request a new or updated Certificate of Eligibility (I-20). The completion and submission of this form will allow for the issuance of an I-20 for those seeking or holding F-1/F-2 or J-1/J-2 visa status. After you complete the form, **attach your financial statement (original, no copies)** and **submit completed application to the English Language Center**. Please allow **one week** for processing upon submission of the completed form to the ISSI. The student should enter his/her name as it appears in the most current passport and print clearly and legibly.

### I. Personal Information

Name: \_\_\_\_\_  
Last or Family Name First or Given Name Middle Name(s)

Date of Birth: \_\_\_\_\_ Northeastern ID: \_\_\_\_\_  
Month/Day/Year

I-20/SEVIS ID: N \_\_\_\_\_ E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current U.S. Address: \_\_\_\_\_  
Street Name and Number Apartment Number  
\_\_\_\_\_  
City State ZIP

Foreign Address: \_\_\_\_\_  
Street Name and Number Apartment Number  
\_\_\_\_\_  
City State /Province Postal Code Country

### II. Academic Information

Program Duration on Current I-20: (program start date) (program end date)

**Purpose (please check / circle the program):**

- Program Extension : **continue** the same ELC program
  - Intensive English: 8 weeks (Fall B ▪ Spring A ▪ Spring B ▪ Summer 1 ▪ Summer 2) / 15 weeks (Fall)
  - Business Case: 8 weeks (Spring 1 ▪ Summer 1 ▪ Summer 2) / 15 weeks (Fall)
  - Pre-MBA: 9 months (Fall) / 6 months (Spring)
  - American Classroom Experience: 2 months (Format A) / 5 months (Format B)  
8 months (Format C) / 10 months (Format D)

Program Change: from \_\_\_\_\_ to \_\_\_\_\_

New Program Completion Date: \_\_\_\_\_

### III. ELC Office Verification (Must bring to the English Language Center Office at 302 Ell Hall)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone (Extension): \_\_\_\_\_

#### IV. Immigration Information

I-94 Number \_\_\_\_\_

**Passport Information:**

Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Visa Information:**

Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_

Issuing Country \_\_\_\_\_

Expiration Date \_\_\_\_\_

#### V. Dependent Information

To apply for an F-2 (I-20) for a spouse or child(ren), please fill out the information below. Again, the name entered should correspond to that in the dependent's most current passport. **Please attach proof**, e.g. a bank statement/and or financial support document demonstrating that the necessary funding will be provided for each dependent: **\$820 per month for a spouse/\$440 per months for each child**. If more than two dependent entries are needed, please copy this form and attach.

##### Dependent 1

Dependent Family/Last Name \_\_\_\_\_ First/Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City Country

Country of Citizenship: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Dependent will accompany applicant  Dependent is already in the U.S.

##### Dependent 2

Dependent Family/Last Name \_\_\_\_\_ First/Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City Country

Country of Citizenship: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Dependent will accompany applicant  Dependent is already in the U.S.

#### VI. Financial Information:

Indicate source(s) and amount of support in U.S. dollars and attach the original of **updated** financial information (e.g.: monthly bank statement, a letter from the bank) It is valid if the document has had issued within 12 months from the form submission date.

Personal Funds (Student's own funds) \$ \_\_\_\_\_

Family Funds (Parents, siblings and other family member) \_\_\_\_\_

Government Funds \_\_\_\_\_

Other: \_\_\_\_\_

**Total \$** \_\_\_\_\_

#### VII. Student's Certification

*I hereby certify that all information I provided on this form is true and accurate.*

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### VIII. The Program Extension Form Check List

(please check the boxes 1~6 below **BEFORE** you submit the form to the ELC office)

<input type="checkbox"/> ① Section II. Academic Information: completed?	<input type="checkbox"/> ② Has the ELC office signed? (section III.)
<input type="checkbox"/> ③ Section IV. Immigration Information: completed?	<input type="checkbox"/> ④ Section VI. Financial Information: completed?
<input type="checkbox"/> ⑤ Attached new financial documents?	<input type="checkbox"/> ⑥ Have you signed and dated?

ISSI received on: \_\_\_\_\_

Initial of ISSI staff: \_\_\_\_\_