



AY2026-2027 GSAS Program Extension/Update Request Form Instructions

GSAS students requesting I-20/DS-2019 extensions must submit this form at least **30 days before** the I-20/DS-2019 program end date. Do not submit this form if you have applied for F-1 Post-Completion OPT (Optional Practical Training) or J-1 Post-Completion AT (Academic Training).

Step 1: Student completes the Student Section of the Request Form.

Step 2: Student emails the form to the Academic Department Administrator to complete the Department Section

Step 3: Department Administrator emails the completed form **back to the student**.

Step 4: Student emails completed form (and **additional proof of funds, if necessary**) **to the HIO Advisor**.

[Processing Time]

The HIO will email your updated I-20 or DS-2019 within 5-7 business days.

[Important]

- Before emailing the completed form to the HIO, students **must review the University Funding information** given by the Department Administrator to verify if your financial award **fully covers** tuition, fees and estimated living expenses.
- If the University funding **does not** fully meet the financial requirements the **student is responsible** for providing proof of personal funds to meet the financial requirements. (e.g., personal bank statement, family funds, loan information, etc.)

[NOTE: Required Funding for Summer-Only Extensions]

Extensions only for the summer period **do not** require financial certification for **tuition and fees**. Proof of funds for **living costs** are still needed.

[How to submit] The completed and signed form needs to be emailed **by the student** to the HIO Advisor.

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Jenny Minichiello / jenny_minichiello@harvard.edu: All GSAS Master Students, GSAS SEAS PhD Students

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[Note to HIO Advisor] Please enter any additional information that you need to share with HIO.

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AY2026-2027 GSAS Program Extension/Update Request Form

[Student Section - 1]

Last name _____ First name _____ Visa F-1 J-1

Harvard ID _____ Degree AM/SM CSE-AM/SM Doctoral
(8 digits)

Program _____ Current program end date _____
(e.g. Ph.D. in XXXX) (Form I-20 or DS-2019 end date) Month date, year

U.S. residential address

Street address _____ Apt. no. _____ City _____ State _____ Zip code _____

Purpose of the Extension Return from LOA Funding update

Request Form Add dependent(s)* Other _____

*Attach a [HIO Dependent Data Sheet](#) and a copy of your dependent's passport

[AY2026-2027 Program costs and expenses](#)

F-1 students: must have tuition & fees and living costs for 12 months, unless the extension period is for a single term. If the extension is for a single term, living costs may be prorated.

J-1 students: tuition & fees and living costs for **the entire duration** of the extended period (including all dependent's living costs, *if applicable*).

Tuition & Fees / One Academic Year *Check all applicable expenses below

Doctoral G-1 & G-2: \$65,949 G-3 & G-4: \$22,250 G-5 & above: \$10,804*

AM/SM G-2: \$67,504 CSE/ME & SM – G-2: \$33,752 Data Science – G-2: \$33,752

* **Doctoral-G-5 and above - Tuition and fees:** (1) Ph. D. continuation registration fee-2 semesters, (2) health insurance coverage - 12 months (3) health services fee/12 months.

Living Expenses / Room & Board and All Relevant Living Costs *Check the applicable cost

- Student: \$45,240/12 months (\$3,770/month) 1st Child: \$11,328/12 months (\$944/month)
 Spouse: \$16,896/12 months (\$1,408/month) Add per child: \$8,940/12 months (\$745/month)
Number of child(ren)

Total Costs **Manually enter all applicable amounts below (including dependent's living costs, if applicable).**

Tuition & Fees-Total

Living Expenses -Total

Costs - Total

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[Department Administrator Section - 1]

Newly expected academic completion term and year *HIO cannot extend it without the year

- May** Year (required)
- September** (by the November degree conferral dissertation deadline)
- December** (12/19/2026, end of Fall semester)
- January** (by the February degree conferral dissertation deadline)

Available GSAS/Harvard Funds for the Student in the Extended Period

Tuition & Fees	RA	TF	Stipend
DCF	(DCF Year)	Top Up	
Other HU Fund (Name)	Amount		Total Fund

Attestation by Department Administrator

Full Name	Title	Signature
Email Address	Date	

[Student Section – 2]

Funds and costs Student must complete this section **AFTER** receiving the form back from the Department Administrator.

Total Fund	Total Cost	Difference
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If the *Difference* written is in red and negative, the student must provide additional proof of funds cover the difference.
 To show additional funds, fill out the section below and attach a copy of the proof of funds (e.g., a bank account statement) and submit it with this form. If you have more than one funding source, enter a **total amount of all funds** and **list the name of the sources in the *Note to HIO Advisor* section on Instructions** page.

Name	Affiliation	Amount
Is the additional funding document attached to this form?	Yes	No
		N/A
[Grand Total/Fund]	[Grand Total/Cost]	[Final Difference]

Attestation by Student *Final difference written in black indicates that your fund covers all the necessary costs.

*I confirm that I have read all the information on this form after my academic department administrator completed it.
 I understood my financial responsibility to cover any negative difference between the total amount of expenses and funding. I attest that all the information I provided on this form is accurate and true.*

Name	Signature	Date
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