



## Extension of Program Request for J-1 students

<b>Office use only</b>
Initial _____
Date _____
ISRS _____
SEVIS _____

### A J-1 student is eligible for extension of stay if:

1. The student's home university approves the extension,
2. The student has "continually maintained status," and
3. The student submits an application to a CIS advisor for the extension prior to the program end date listed on form DS-2019.

### How to Apply:

Meet with a CIS advisor once you obtain the following documents:

- New original financial documents
  1. Undergraduate students must show funding for \$7421 for 1 semester extension
  2. Graduate students must show funding for \$7623 for 1 semester extension
  3. Academic Training: provide offer letter to cover \$730/month plus health insurance
- Completed Program Extension Request Form
- Ensure coverage for health insurance for period of extension

### This portion to be completed by the student:

Name (Please Print): \_\_\_\_\_  
(First Middle Last)

SEVIS ID#: N000 SCSU ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Local Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Program of Study (degree level and major): \_\_\_\_\_

Reason for extension: \_\_\_\_\_ Academic Training \_\_\_\_\_ Exchange student extending 1 semester

*By signing below, I certify that the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
(Signature) (Print) (Date)

### This portion to be completed by the Academic Advisor:

Number of credits left to be completed: \_\_\_\_\_

Recommended New Program End Date: \_\_\_\_\_  
(Month/Day/Year)

*By signing below, I certify that the student is making normal progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons.*

\_\_\_\_\_  
(Signature from Academic Department) (Date Signed)

\_\_\_\_\_  
(Name – Please Print) Academic Department (Phone)