



DS-2019 Extension Request Form

To request a DS-2019 extension, J-1 students must complete Part I; your academic advisor/ major professor must complete Part II and sign; and the Dean of Instruction and Graduate Studies must sign Part III. Submit completed form along with *J-1 Financial Worksheet*, proof of financial support and supporting documentation to the Office of International Education, 9 Old Greenhouse.

PART I: Student Information

To be completed by the student; please type information directly into the form.

Today's Date: _____

Date Received: _____

Full Name on Passport		Last		First		Middle	
SEVIS ID#	N	SU ID#	Birth Date (mm/dd/yyyy)				
Program of Study	Degree Level		<input type="checkbox"/> Bachelors <input type="checkbox"/> Master's <input type="checkbox"/> Ph D		DS-2019 Start Date		DS-2019 End Date
Email Address	Phone () -		Do you have any dependents with you in the U.S.?		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have a graduate assistantship?		<input type="checkbox"/> No <input type="checkbox"/> Yes, <input type="checkbox"/> 20 hrs <input type="checkbox"/> 10 hrs		Are you working on-campus?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Upcoming Travel Plans:		<input type="checkbox"/> No <input type="checkbox"/> Yes, I will travel to _____ for the following dates _____.					
Have you submitted an application for a waiver of the 212(e) two year home residency requirement or obtained a waiver?		<input type="checkbox"/> No, I am not subject to the Two Year Home Residency Requirement. <input type="checkbox"/> No I am subject to 212(e) but have not submitted a waiver request application. <input type="checkbox"/> Yes, I am subject to 212(e) and have submitted a waiver application/ received a waiver. Please submit documentation.					
Local Address:							

Part II: Academic Advisor/ Major Professor Recommendation

To be completed by the academic advisor/ major professor.

Name _____ Program _____

This student requires more time to complete the degree due to:

- Delay caused by a change in major field of study
- Delay caused by a change in research topic
- Delay caused by unexpected research problems
- Delay caused by lost credits upon transfer to SUNY ESF
- No unusual delay. Original length of time given to complete program is not reasonable for an average student in the program.
- Other compelling academic or medical reason (explain): _____

This student is expected to complete her/his program on: _____
Month / Day / Year

Number of credits (must be at least 1) remaining towards degree (not including current semester enrollment) _____

Signature _____ Date _____

Part III: Dean of the Graduate School Approval

Submit to 227 Bray Hall to obtain the Dean's signature.

This student is in good academic standing and eligible for the requested extension.

Signature _____ Date _____

<p><i>Office of International Education Use Only:</i></p> <input type="checkbox"/> Enrollment Certification <input type="checkbox"/> Student maintained continuous full-time status every semester <input type="checkbox"/> Financial documentation including assistantship letter if applicable <input type="checkbox"/> Student has adequate funding <input type="checkbox"/> Student requires additional funding: _____	<input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of visa <input type="checkbox"/> Copy of I-94 card <input type="checkbox"/> Copies of DS-2019's including Academic Training authorization letters
--	--