Program Extension Request
For J-1 Student Visa Holders

A J-1 student who is currently maintaining status and making normal progress toward completing educational objectives, but who is unable to complete the course of study prior to the program end date on the form DS-2019, may be eligible for an extension of program:

- You must apply for the extension prior to the program end date listed on the form DS-2019
- The maximum length of the academic program for a non-degree student is 24 months
- If you are subject to the 2-year home residency requirement (212e) and have requested a waiver, you are no longer eligible for an extension of the DS-2019 after the IOCP office receives notification from the Department of State that a recommendation to grant the waiver has been sent to DHS/USCIS

The following documents are required to apply for a program extension:

- Completed Program Extension Request form
- Financial documents for the amount of time required for the extension. Please complete the chart below after meeting with your academic department, and ensure bank statement meets Financial Document Requirements listed on the IOCP website.

| Tuition (see tuition rates): | $_______ per credit | x ___ (# credits) | = $________ |
| Living expenses: | $725 per month | x ___ months | = $________ |
| Health insurance: | $836 per semester | x ___ semesters | = $________ |
| **Total funding required:** | | | = $________ |

Part A: To be completed by the Student

First Name _____________________ Last Name _____________________
Student ID# _____________________ Email _____________________
Academic Level _____________________ Major/Degree Title _____________________
Academic program start date __________ Have you ever applied for a program extension? ___ Yes ___ No
If applicable, have you applied for a waiver of the 2-year home residency requirement? ___ Yes ___ No

Part B: To be completed by the Academic Department

Please indicate the reason for the program extension. If you have questions, please contact the IOCP office.

Recommended new program end date _____________________
Comments: ____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

By signing below, I verify that the student is making normal progress toward completing degree requirements and that I have reviewed the educational implications with the student.

Name _____________________ Department _____________________
Signature _____________________ Phone _____________________ Date __________