

Application to Extend I-20/DS-2019

The Form I-20 (for F-1 students) or Form DS-2019 (for J-1 students) indicates your program period. If you are unable to complete your course of study by the program end date shown on the form, you must apply for an extension. The application must be submitted to the International Center **at least 10 days prior to the program end date** indicated on the I-20 or DS-2019. You must also submit a copy of the biographic page of your passport, Declaration & Certification of Finances (DCF) (contact the International Center to obtain the relevant DCF for your situation), and proof of funding to show you can cover the extra expenses associated with lengthening your program (see the DCF). When the extension is processed, we will notify you by email. If you plan to travel outside the U.S., be sure to discuss your travel plans with an immigration advisor.

Section 1 (to be completed by the student):

Your Name (LAST, First): _____ UA ID#: _____

Address: _____ Phone number: _____

Your E-mail : _____ Major: _____

Academic Level: _____ Bachelor _____ Master _____ Doctorate _____ Other - please describe: _____
(Please check one)

Is this your first extension request at your current academic level? ___ Yes ___ No

Current I-20/DS-2019 End Date: _____ (MM/DD/YYYY)

Students are eligible for an extension when they are maintaining lawful status, making normal progression toward completing their educational objective, and in possession of a valid I-20/DS-2019.

By signing below I am verifying that I have read the information above and that the information that I have provided is true.

Signature _____ Date _____

Section 2 (to be completed by the Academic Advisor):

This student will not complete his or her current plan of study this semester due to:

- A delay caused by a change of major
- A delay caused by a change in research topic
- A delay caused by unexpected research problems
- Other (please explain) _____

I anticipate the student will complete the course of study by _____ (MM/DD/YYYY).

I hereby confirm that I am the above student's academic advisor or major professor and recommend that this student be allowed additional time to complete his/her degree.

Advisor's Signature _____ Date _____

Printed Name and Title _____ Phone # _____