J-1 PROGRAM EXTENSION

J-1 Exchange Visitor students are expected to complete their program of study before the program end date on their DS-21019 forms. If a student is not able to complete their program objectives due to valid academic or medical reasons before the original program end date, they should have their program extended BEFORE it expires in order to have additional time to complete the program.

To be granted a program extension, students must have continuously maintained status and continue to meet the eligibility requirements of the Exchange Visitor Program. Per Federal Regulations, “Responsible officers may extend an exchange visitor's participation in the Exchange Visitor Program up to the limit of the permissible period of participation authorized for his or her specific program category.” [22 C.F.R 62.43]

Checklist for J-1 Program Extension:

☐ 1. Complete student section of the Program Extension Form. If submitting electronically, please use a drawn or image signature, not a coded digital signature.

☐ 2. Have your Academic Advisor complete the advisor section. If submitting electronically, have your advisor sign using a drawn or image signature, not a coded digital signature.

☐ 3. Gather the following required documents to submit with your request:
   
   o Proof of funding originals that are less than six months old to finance the duration of your program.

   o If your financial sponsor has changed since the last DS-2019 issued, please include a new Certificate of Financial Responsibility signed by you and the sponsor.

   o Doctor's note if extension is medically based.

   o China 1+2+1 Students: Please attach the China 1+2+1 Request to Extend DS-2019 form. If this is your first extension, you will need the Certificate of Financial Responsibility.

☐ 4. Submit everything to OIPS 30-90 days before your program expires. Documents can be submitted securely via the J-1 Dynamic Form. Email is not secure. Do not email your documents.
Student completes this section:

(First Name)                                                  (Last Name)

GMU ID #____________________________________________________

Local Address: ___________________________________________________________________________________

Email Address:__________________________________ Telephone:________________________________________

Major:  _________________________________________Minor:___________________________________________

Expiration of current DS-2019:_________________________  Today's Date: ______________________

Undergraduate ________ Master's _________   Ph.d ______    Other ______

Number of Credits This Semester: _________________

By signing this form, I confirm that I am requesting a J-1 Program Extension and all of the information I have provided is complete and accurate to the best of my knowledge.

Student Signature:_________________________________  Today’s Date: ___________________________________

Academic Advisor completes this section:

This student has informed OIPS that he or she will need more time to complete the requirements for his/her program. Per Federal Regulations, “Responsible officers may extend an exchange visitor’s participation in the Exchange Visitor Program up to the limit of the permissible period of participation authorized for his or her specific program category.”

Advisor Confirmation of Extension Reason:
  o Change in Major
  o Change in Research Topic
  o Unexpected Research Issues
  o Original Time granted not reasonable to complete academic program of study
  o Other—Please Explain:

  __________________________________________________________________________________________________

  __________________________________________________________________________________________________

Program extension rationale: ________________________________________________________________________

  _________________________________________________________________________________________________

  _________________________________________________________________________________________________

Academic requirements remaining:

  _________________________________________________________________________________________________

  _________________________________________________________________________________________________

Expected Completion Date: _________________________________________________________________________

Signature: _______________________________________________________________________________________

Print Name: _____________________________________ Date:____________________________

Position: _____________________________________ Telephone:________________________________