

J-1 Student Program Extension

An F-1 or J-1 student who is unable to complete his or her program of study by the date of completion listed on the I-20/DS-1029 form **must** apply for a program extension. Program extensions can be given to students who have continually maintained status. Acceptable delays that cause the student to require an extension include changes of major or research topics, unexpected research problems, or documented illnesses. Delays caused by academic probation or suspensions are not acceptable reasons for program extension.

****** F-1 students** The student must apply for the extension before the date of completion indicated on the I-20. *If your date of completion on the I-20 ID Student Copy, item no.5, has expired and a program extension has not been requested, you are out of status and must apply for reinstatement to student status. If you are out of status, you are ineligible for any F-1 student benefits, such as employment and practical training.*

CHECKLIST OF APPLICATION PROCEDURE

___ Obtain a letter from the major professor or academic advisor verifying the academic reasons that the extension is needed and providing the anticipated completion date. Give the attached memo from the Office of International Education (OIE) to the advisor writing the letter.

___ Provide current proof of financial support for requested period of extension.

___ Complete the I-20 or DS-2019 Request Form.

Gather the required documents and turn them in to Suite 400, Bank of America Bldg. An advisor will email you when your new I-20 or DS-2019 is prepared.

For additional information, contact the Office of International Education at 425-3154.



M E M O R A N D U M

TO: Major Professor or Academic Advisor
FROM: Advisor to Foreign Students & Scholars
SUBJECT: _____
(Student's Name)

This memorandum is to request a special type of recommendation letter regarding the above-named student. According to immigration regulations, this student has almost reached the end of the time allowed for completion of certificate or degree requirements. Therefore, the student is in the process of putting together an application for an extension of permission to remain in the U.S. to complete studies.

Your letter, which should be addressed to this office, should include the following information:

1. A recommendation that this student be allowed additional time to complete the current course of study;
2. An estimate of the expected date of completion of studies; and
3. Reasons why an extended study period is required.

Acceptable reasons for a delay in completing a program of study include:

1. Changes in major field;
2. Changes in research;
3. Unexpected research problems; or
4. Lost credits upon transfer to our school.

We are grateful for your assistance in this matter. If you have any questions, please give us a call.

110 E. Clayton St. 4th Floor, Bank of America Building, Athens, GA 30602
Telephone (706) 425-3154 • Fax (706) 425-3273

Request for DS-2019 for J-1 Exchange Student Visitor

The University of Georgia Exchange Visitor Program assumes a high degree of responsibility in inviting exchange visitors to campus. Please submit this form and any additional documentation to the Office of International Education a minimum of 2 weeks before the the DS-2019 is needed.

Mail request form and documentation to: **Lisa Ayala, 110E. Clayton St. 4th floor, Bank of America Bldg. Athens, GA 30602. Phone: 706-425-3154. Email layala@uga.edu** for specific questions or concerns related to the student's stay.

STUDENT VISITOR PERSONAL INFORMATION

Family Name _____ Country of Citizenship _____
 First Name _____ Country of Legal Residence _____
 Middle Name (if any) _____ Position in Home Country _____
 male female Number of dependents _____
 Date of birth (mo/day/yr) ___/___/_____
 check one: They will travel with the visitor.
City & Country of Birth They will join the visitor later.

Foreign Address (complete permanent address in home country)

address	city	province/state	country	postal code
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E-mail address _____ Student ID number _____
(personal or UGA mail) (ID used for OASIS registration)

EXCHANGE ACTIVITY

1. Purpose of form:

- Begin a new exchange visitor program at UGA
- Extend a current exchange visitor program at UGA
 (attach a letter from academic department explaining the academic need for the extension of stay, complete and current financial documents & proof of medical insurance)
- Transfer to UGA exchange visitor program from another sponsor
 (If transferring from another sponsor organization in the U.S., attach copies of all previous DS-2019 forms and complete, current financial documents.)
- Replace a lost DS-2019 form
- Enable a spouse and/or children to enter the U.S. (after the exchange student has arrived)

2. Academic Program Dates:

from ___/___/___ to ___/___/___
(mo/day/yr) (mo/day/yr)

3. Objective while a UGA student

- degree seeking student
- non-degree seeking student

4. Academic discipline and level of study, please be specific _____

DEPENDENT FAMILY MEMBERS ACCOMPANYING VISITOR (complete as needed)

If dependent family members will ACCOMPANY the visitor, please include the following information for each accompanying family member. Attach additional pages if necessary.

Last Name	First Name
Date of Birth	Relationship to student
City of Birth	Country of Birth
Citizenship (if different from country of birth)	

<u>Estimated Expenses for Dependents:</u> (add to total cost of expenses)	<i>One semester</i>	<i>2 semesters</i>	<i>12 months</i>
<i>Spouse</i>	\$2100	\$4200	\$4700
<i>Spouse plus one child</i>	\$3400	\$6800	\$7700
<i>Per Child</i>	\$1300	\$2600	\$3000
Total for all dependents _____			

SOURCE AND AMOUNT OF FINANCIAL SUPPORT

Financial support must be adequate for the entire period of the exchange visitor's stay. Be specific and attach documentation, in English, from the provider for any source of support. If there will be more than one source, list the total amount in each category for the entire period of time indicated stay. Indicate amount in equivalent U.S. dollars. *** The figures in this form are estimates based on expected costs. All costs are subject to change. ***

Please circle the appropriate figure in each row and include total at the bottom of this chart.

<u>Estimated Expenses</u>	<u>Exchanges-</u>	1 Semester	2 Semesters	<u>Graduate students-</u>	9 months	12 months
Tuition & fees- (Tuition & fees vary based on the academic department and level of study.)						
<u>Waived based on exchange agreement</u>		\$0	\$0	<u>with assistantship</u>	\$1122	\$1,442
	<u>in-state rate</u>	\$2,446	\$4,892	<u>with tuition waiver</u>	\$5,658	\$7,045
	<u>out-of state rate</u>	\$8,861	\$17,722	<u>No assistantship or waiver</u>	\$20,778	\$25,519
Living Expenses (housing, food & personal items)		\$4000	\$7200		\$7200	\$9600
Mandatory Insurance		\$400	\$840		\$840	\$840
Books		\$400	\$800		\$800	\$1000
International Student Compliance Fee (ISCF)		\$50	\$100		\$100	\$150

Total from estimated expenses above (including dependent expenses): \$ _____

Funds from, or administered by, UGA (total funds for min. of 1 year or period of stay) \$ _____

** Please attach departmental offer letter for assistantships or out-of state tuition waiver letter

Are the funds from external government grant? () yes () no

Exchange visitor's government (attach documentation—letter from government agency) \$ _____

Other organizations (attach documentation—letter from organization) \$ _____

Personal funds (attach original documentation from bank) \$ _____

Total financial support from above (must meet or exceed the figure for estimated expenses): \$ _____

DEPARTMENT CERTIFICATION AND MAILING INSTRUCTIONS

I certify that I have read the attached description and to the best of my knowledge the above information and the items below are accurate. I also accept responsibility for reporting to the Office of International Education the termination or departure of the exchange visitor from the University.

In the case of any new exchange visitor coming to our institution, I have done the following:

- I have determined that the exchange participant's English language ability is adequate to complete the educational exchange objective.
- I have included copies of the student's passport biographical page and previous forms DS-2019 (include form I-94 for any visitor who is transferring from another exchange visitor program in the U.S.)
- I understand that the visitor is required by the J-1 Exchange Visitor Program to have medical insurance for their entire period of stay. I will inform the student that UGA has a mandatory insurance policy (students are automatically enrolled upon registration for classes) and inform students that a waiver of the UGA policy is limited and may only be requested from the OIE within the first 2 weeks of classes.
- I understand that the visitor is expected to attend international student orientation and check in with the Office of International Education during the orientation period. I will assist in any follow-up concerning the check-in procedure, if necessary.

DEPARTMENT Official signature: _____ today's date: _____

Include the name and contact information for the major professor or academic advisor of the J-1 student.

Name _____ department _____ telephone #: _____

address: _____ campus 4 digit # _____ e-mail: _____

Please check: () send DS-2019 through departmental or postal mail service
 () call UGA department for pick-up and telephone #: (if different than above): _____