

Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

Request for Extension of Program (J-1 Student)

A student on a J-1 Visa who is pursuing a Bachelor's, Master's, or Doctoral Degree may only stay in the country as long as the DS-2019 is valid. The DS-2019 is valid through the program completion date (item 3). Extension is subject to authorization by the Alternate Responsible Officer of the International Student and Scholar Services Office and must be obtained **ONE MONTH** prior to the completion date listed on the DS-2019.

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Current Degree	Current Program Completion Date
Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No If so, please update your information in Access immediately.	
THIS PORTION TO BE COMPLETED BY ACADEMIC ADVISOR OR DEAN	
Original Completion Date:// Expected Completion Date:/	
Please note the reason for extension of program completion date:	
□ Compelling Academic Reason (i.e. change of major) □ Medical Reason □ Change of Major or Research Project	
By signing below, you attest that the above named student has a compelling academic or medical reason to support the extension of their academic program. This extension cannot be approved if caused by an academic probation, suspension, incomplete, or due to an unfiled H1-B Visa application.	
Remember that is considered fraud to recommend an extension without a compelling medical or academic reason.	
Academic Advisor / Dean Name and Signature Academ	nic Advisor/ Dean Contact Information Date
Please attach the following documents:	
 Financial Documentation showing ability to provide funding for tuition, fees, living expenses, health insurance and dependents (if applicable) for the time period requested by the extension. If extension is requested due to a medical reason, documentation from a medical doctor is required. 	
By signing below, I affirm that I have continually maintained status and understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.	
Print Name: Signatu	ure: Date:/_/_
International Services Specialist: Signature:	Date: