

1+2+1 PROGRAM EXTENSION REQUEST

SUBMIT THE FOLLOWING DOCUMENTS AT LEAST 30 DAYS BEFORE YOUR CURRENT DS-2019 EXPIRES (earlier submissions are encouraged):

- Financial Documents to show that you can support yourself and all of your dependents for the entire extended period. Financial documents cannot be more than six (6) months old and may include one or more of the following: bank statement, bank letter, letter from approved sponsor, or proof that the required funds have been wired.
- Study plan approved by academic department for 1+2+1 program completion
- 1+2+1 Program Extension Request form signed by 1+2+1 Program Coordinator

Extensions may be requested if you cannot complete your program of studies by the end date on your current DS-2019. To qualify for an extension, you must make the request before your current DS-2019 expires; requests for extension submitted after the designated program end date will not be considered. Program extensions can only be issued for legitimate academic or documented medical reasons. Failing or repeating a significant number of classes may make you ineligible for a program extension. Approval of more than one program extension is extremely unusual – be certain to request the entire amount of time needed to complete your program.

STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

Name: _____ EWU ID #: _____

SEVIS #: N _____

Current DS-2019: Start Date: _____ Completion Date: _____

Major(s)/Field(s) of Study: _____

Expected Degree Completion Date: ____/____ (month /year)

Reason additional time is needed to complete academic program: _____

I understand that in order to be eligible for a program extension I must be maintaining my legal J-1 immigration status in the U.S., including making normal progress towards my degree requirements. I understand that approval of more than one program extension is extremely unusual and I have requested sufficient time to complete my program.

Student Signature _____ Date: _____

1+2+1 PROGRAM COORDINATOR APPROVAL

The above named student is expected to complete program requirements on: ____/____/____. S/he is making normal academic progress towards the completion of educational goals & the delay in program completion was caused by compelling academic or medical reasons. I recommend an extension of his/her J-1 status so that the s/he can complete his/her program of study at Eastern Washington University.

APPROVED

DENIED by: _____ Date: ____/____/____

OFFICE OF GLOBAL INITIATIVES APPROVAL

APPROVED

DENIED by: _____

Extension DS-2019 Issued Not Issued Date: ____/____/____