

F-1 or J-1 PROGRAM EXTENSION

Section A: Student Information																	
DU ID:	LAST (FAMILY) NAME:	FIRST NAME:															
<i>I hereby authorize the release of any information necessary and authorize any changes needed to complete my request.</i>																	
STUDENT SIGNATURE:		DATE:															
<p><input type="checkbox"/> I have attached proof of funding to cover the cost of extension. You can find the estimated cost of attendance at https://www.du.edu/admission-aid/financial-aid-scholarships/undergraduate-financial-aid/ Submit financial documents less than 6 months old to verify funds for the next academic year or length of program, if shorter. The amount of funding required varies by program. Please see an advisor if unsure how much funding is needed.</p> <p>Source of funds (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Personal Funds</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> University of Denver</td> <td>Name of Department/Unit: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Non-DU Scholarship</td> <td>Name of Sponsoring Agency: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Family/Private Sponsor</td> <td>Name of Sponsor: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Family/ Private Sponsor</td> <td>Name of Sponsor: _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <p>If you have funding other than personal funds, please have the person providing the funding sign the following statement and provide the funding documents as described above or supply a financial guarantee letter from your financial sponsor.</p> <p>Statement of Guaranteed Funding</p> <p><i>I, _____, certify that funding in the amount(s) indicated above will be available to support the student named in Part A during his/her program at the University of Denver.</i></p> <p>Signature of Sponsor _____ Date _____</p>			<input type="checkbox"/> Personal Funds		\$ _____	<input type="checkbox"/> University of Denver	Name of Department/Unit: _____	\$ _____	<input type="checkbox"/> Non-DU Scholarship	Name of Sponsoring Agency: _____	\$ _____	<input type="checkbox"/> Family/Private Sponsor	Name of Sponsor: _____	\$ _____	<input type="checkbox"/> Family/ Private Sponsor	Name of Sponsor: _____	\$ _____
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<input type="checkbox"/> Family/Private Sponsor	Name of Sponsor: _____	\$ _____															
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ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.

It is important that you check this account regularly. For information regarding your DU e-mail, visit

<http://www.du.edu/uts/helpdesk/docs/email.html>

FOR ISSS OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ____ / ____ / ____ <input type="checkbox"/> ISA processed ____ / ____ / ____	

Section B. To be completed by Academic Advisor

The international student whose name appears above wishes to apply for an extension of the time allocated on his/her immigration document for completion of his/her program of study.

Requirements remaining for completion of degree: PLEASE CHECK ONE

- ___ Credits to be completed in ___ terms
- ___ Terms of Continuous Enrollment
- ___ Credits to be completed in ___ terms AND ___ Terms of Continuous Enrollment

Date expected to complete all degree requirements, **including** thesis/dissertation (mm/dd/yy): _____

Graduate students only:

Date of completion for all coursework, **excluding** thesis/dissertation (mm/dd/yy): _____

This Student has not completed the current program of study because:

- ___ Delay caused by a change in major field of study
- ___ Delay caused by unexpected research problems.
- ___ Delay caused by a change in research topic
- ___ Time spent studying at the English Language Center at DU
- ___ Other (must be a compelling academic or medical reason explained in the box below)

Explanation:

NOTE: Prior to signing this recommendation, know that the information above is required to ensure that the student's request for an extension complies with Federal Regulations governing F-1 and J-1 immigration status. **Delays caused by academic probation or suspension are NOT acceptable reasons for program extension.**

Do you agree the student is academically eligible to continue at the university, able to complete within a reasonable time and has an academic plan to do so? Yes No

In signing this form, I understand that my academic recommendation will be used for this purpose.

Academic Advisor Signature:

Printed Name:

Date:

Department:

Phone Number:

Email: