



PROGRAM EXTENSION REQUEST FORM

This completed form, supporting financial documentation forms, and a completed Green Sheet Request should be submitted by the STUDENT to: International Services, 101 Hatcher Hall, Baton Rouge, LA 70803 · isosevis@lsu.edu · fax: +1-225-578-1413

This form is used to request a new I-20 (F-1 students) or a new LSU DS-2019 (J-1 students). A new I-20/DS-2019 is necessary if the student is extending his/her program to a date later than the program end date listed on their current I-20/DS-2019. Note: International Services can only change programs for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

****THIS FORM SHOULD NOT BE FILLED OUT BY THE STUDENT****

This form MUST be filled out by the Department of the program that necessitates the extension. Any missing information will result in a delay of processing. Please type or print clearly.

The international student who provided this form to you has an I-20 or DS-2019 that is expiring soon. This form is a recommendation from the student's academic department that compelling academic reasons exist that necessitates the extension of this student's immigration document. Any questions about how to complete this form should be directed to isosevis@lsu.edu.

Name of Department: _____
Name of Department Contact: _____ E-mail: _____
Department Phone: _____ Fax: _____

STUDENT INFORMATION

Name: _____ LSU ID Number: _____
FAMILY FIRST MIDDLE

PROGRAM INFORMATION

1. Circumstances which necessitate extension (please check all that apply):

- Unexpected research problems
- Change of major or degree level from _____ to _____
- Change of research topics
- Other academic reason (please give brief explanation): _____

2. New Projected Completion date: _____ or Degree-Only date: _____
(use commencement date) MM/DD/YYYY (use degree-only deadline) MM/DD/YYYY

Please note: Program extensions cannot be granted for the purpose of obtaining employment, Curriculum Practical Training (CPT), Optional Practical Training (OPT), or J-1 Academic Training alone. There must be "compelling academic reasons" (8 C. F. R. 214.2 (f) (7) (iii)) and requirements for an extension of program.

FUNDING INFORMATION - List all LSU sources of support for student for the duration of the program extension.

SOURCE	AMOUNT	DURATION (please select)	BEG. & END DATE
Full-Time Assistantship (20 hrs.)	\$ _____	9 or 12 mos.	_____
Part-Time Assistantship(s)(10 hrs.)	\$ _____	9 or 12 mos.	_____
Graduate School Tuition Award	\$ _____	9 or 12 mos.	_____
Graduate Supplement Award	\$ _____	9 or 12 mos.	_____
Graduate Enhancement Award	\$ _____	9 or 12 mos.	_____
Graduate Enrichment Award	\$ _____	9 or 12 mos.	_____
Other Award: _____	\$ _____	9 or 12 mos.	_____
Personal/Family Funds	\$ _____	Attach recent bank statement or affidavit of support	

By signing this form, I certify that to the best of my knowledge, the information on this form has been reviewed and provided by the department.

Graduate Advisor/Major Professor/Departmental Advisor:

Name: _____ Signature: _____ Date: _____

Department Head:

Name: _____ Signature: _____ Date: _____