Program Extension: J-1 Student Request

ISSO will NOT process this request unless all sections of this form are completed and supporting documentation attached.

Student to Complete

ISU ID Number: ___________________________ Phone Number: ___________________________

Student Last Name: ___________________________ Student First Name: ___________________________

Information regarding current academic program:

☐ IEOP
☐ Bachelor’s Degree
☐ Master’s Degree ☐ Thesis ☐ Non-Thesis ☐ Creative Component
☐ Doctoral Degree
☐ Nondegree

Major: ___________________________

(Please use the full name of your major, for example: Mechanical Engineering)

Completion date on current DS-2019: ___________________________ (Month/Day/Year)

Reason for program extension (select only one below):

☐ Change of major
☐ Change of research topic
☐ Unexpected research problem(s)
☐ Original time length given to complete studies not sufficient for average student in this program
☐ Other compelling academic reason (please explain briefly): ___________________________

☐ Illness or medical condition of the student

☐ Attach documentation from licensed medical doctor or licensed clinical psychologist of illness/medical condition.

☐ I have J-2 dependents (please check if applicable): ☐ Wife/Husband ☐ Number of Children: _____________

☐ Attach proof of funding
Reference: http://www.isso.iastate.edu/Current_Students/forms.html

By signing below, I confirm I have reviewed the Program Extension: Frequently Asked Questions – Students in J-1 Status handout located on the ISSO web site at http://www.isso.iastate.edu/Current_Students/forms.html

Signature of Student: ___________________________ Date: ___________________________

Please allow ISSO 10 calendar days to process your request.
An e-mail will be sent to your ISU e-mail address to notify you when your request has been processed.
Program Extension: Academic/Faculty Advisor and DOGE Recommendations

A student in J-1 nonimmigrant status is eligible for an extension of the DS-2019 document to complete the current degree program. It is important to understand that immigration regulations consider completion of degree requirements, not graduation, as the end of legal status. If all required degree requirements have been completed, a program extension cannot be granted.

As the individual most knowledgeable regarding the student’s academic program, or responsible for the administration of this graduate program, please use this form to review and recommend this student’s program extension request as appropriate. ISSO will review this recommendation to ensure it complies with immigration regulations.

Academic/Faculty Advisor to Complete
Student ISU ID Number: __________________________
Student Last Name: _______________________________ Student First Name: _______________________________
The information on the Program Extension: J-1 Student Request form is accurate. □ Yes □ No
If no, please explain: ________________________________
I recommend this request for a program extension. □ Yes □ No
If no, please explain: ________________________________
Information regarding the student’s current academic program:
Is this student making normal progress toward completing the degree? □ Yes □ No
How many coursework credits remaining to complete degree requirements: __________________________
How many research credits for thesis or dissertation remaining to complete degree requirements: __________________________
Estimated date (month and year) this student will be eligible for the final oral defense: __________________________
Estimated date (month and year) when all degree requirements will be completed: __________________________
Note: Immigration regulations consider completion of degree requirements, not graduation, as the end of legal status.
New estimated completion date (month and year) for current academic program: __________________________
Advisor Last Name: _______________________________ Advisor First Name: _______________________________
Advisor Signature: ______________________ Date: __________________

Director of Graduate Education (DOGE) to Complete
As DOGE, I concur with the recommendation of the student’s advisor above: □ Yes □ No
If no, please explain: ________________________________
DOGE Last Name: ________________________________ DOGE First Name: ________________________________
DOGE Signature: ______________________ Date: __________________

ISSO Use Only
Date submitted to ISSO / / Date entered in ADIN / / 
Processed by □ AS □ BZ □ DP Date advisor processed / / / 
Approved □ Yes □ No

International Students and Scholars Office, 3248 Memorial Union, Ames, IA 50011-1130 • Phone: (515) 294-1120 • Fax: (515) 294-8263 4/20/11