



EXTENSION FOR J-1 GRADUATE STUDENT

Please complete this form and submit it to the International Services for Students & Scholars Office. Be sure to secure the required endorsements and certification of the financial aid you are receiving (award letter, or sponsorship letter).

If you are applying for Academic Training there is a separate form.

Name: _____
(First Name) (Family Name)

RIN: _____ E-Mail: _____

Local Address: _____

Phone: Cell: _____

Degree Pursuing: Level _____ Major: _____

I have the appropriate insurance for myself and for my family: _____yes _____no

DURING THIS PERIOD I WILL BE SUPPORTED BY:

- | | Amount: |
|--|----------|
| <input type="checkbox"/> Rensselaer (Attach copy of award letter) | \$ _____ |
| <input type="checkbox"/> Home Government (Attach support letter) | \$ _____ |
| <input type="checkbox"/> Other (Specify _____)
Attach documentation | \$ _____ |
| <input type="checkbox"/> Personal Funds (Attach letter from bank) | \$ _____ |

PLEASE ATTACH YOUR DS-2019

Signature: _____ Date: _____



**RECOMMENDATION
FOR EXTENSION OF TIME LIMITATION FOR A PROGRAM
OF STUDY**

This form is provided to facilitate the communication of certain information required by United States Information Agency (USIA). Its completion is necessary for a student in J-1 status to request an extension of the time limitation placed by Department of State upon the student's current program of study. Please complete this form in full and return it to the student.

1. This student will complete requirements for his/her program on or about: _____.
(Give a good graduation date)

2. Print Student Advisor's name: _____

3. This student has not yet completed the current program of study due to (please respond to all reasons, which apply):

_____ Delay caused by a change in major field of study from _____ to _____

_____ Delay caused by a change in research topic from _____ to _____

_____ Delay caused by unexpected research problems. Explain: _____

_____ Delay caused by lost credits upon transfer to Rensselaer.

_____ Other. Explain: _____

I therefore recommend that this student be allowed this additional time to complete studies.

Graduate Program Director's Signature: _____

Name and Title (please print): _____

Graduate School Dean/Assoc. Dean: _____ Date: _____

Graduate School Signature: _____