

J-1 Student Program Extension Form

Complete all sections including signatures. The student must complete this form, obtain the academic advisor authorization and return the form to ISSS one month **prior** to the end date on the DS-2019. *Forms will **not** be accepted after that date.*

Student Name: _____ Date: _____
Last (family name) first middle

Date of Birth: _____ SEVIS Number (on DS-2019): _____
Month/Day/Year

Local Address: _____ Phone: _____

Major: _____ Degree: _____ My major or degree is changing.

Dates of attendance on DS-2019 Form: Begin _____ End _____
Month/Day/Year Month/Day/Year

Expected date of completion _____ Date Funding Expires _____
Month/Day /Year Month/Day/Year

Source of Funding (Check all that apply) Documentation is required for personal or other funding sources. Provide a bank statement or new financial certificate with a bank stamp and original signatures.

- UCSC funds: Full tuition, fees and expenses
- UCSC funds: Partial tuition, fees and expenses. Indicate dollar amount \$ _____
- Personal or other funds: Indicate dollar amount \$ _____ *Documentation Required*
- U.S. Government Agency: (specify) _____ Amount \$ _____
- Scholar's Government Agency (specify) _____ Amount \$ _____
- Other (specify) _____ Amount \$ _____

Insurance Requirements:

At UCSC, all people holding J-1 status and accompanying family members are required to have medical insurance.

My dependents (if applicable) and I have the following minimum health insurance. (Registered graduate students are covered by GSHIP. Registered undergraduates are covered by UHIP. This UCSC health insurance covers the below minimum requirements for students.)

- medical benefits of at least \$50,000 per accident or illness;
- repatriation of remains in the amount of \$7,500;
- expenses associated with medical evacuation in the amount of \$10,000;
- deductible not to exceed \$500 per accident or illness.

Student Signature: _____

Students must be maintaining J-1 status, making normal progress toward completing the educational objective and have sufficient funding to be approved for a program extension.

I approve of this student's request for Program Extension

 Academic or Department Advisor Authorization Print Name Signature Date

 International Adviser Authorization Signature Date