

**Office of Study Abroad
and
other KU Exchange Programs
including IIE**

J-1 STUDENT PROGRAM EXTENSION APPLICATION (DS-2019 Extension)

Section A: To be completed by STUDENT		
Surname/Family Name(s):	Given Name(s):	Middle Name: <small>(If applicable)</small>
KUID:	Daytime Phone:	Email Address:
Current DS-2019 expiration date:	J-2 Dependents (spouse and unmarried, minor children) currently in U.S.:	
	1.	2.
<p>Form instructions</p> <ul style="list-style-type: none"> Study Abroad Exchange Students* – Have Office Study Abroad (OSA) complete Section B; Complete Section C All Others (including IIE Scholars, Foreign govt sponsored students, etc) – Have Academic advisor complete Section B; Complete Section C <p><small>*If Study Abroad students wish to obtain a degree from KU, it will be necessary to submit academic records from each educational institution attended to International Undergraduate Admissions, Strong Hall Rm 17, (864-2616) for a transfer credit evaluation. Students also need to make an appointment with an advisor in ISSS by calling 864-3617. Do NOT complete this form. In most cases travel outside the U.S. will be necessary in order to become degree-seeking.</small></p>		
Student Signature:		Date:

Section B: To be completed by appropriate KU Department		
The above student is requesting to extend his/her immigration documents to complete his/her current academic program objective. To get an extension, the student needs the following information completed by the appropriate authority at KU.		
Extension requested until __ / __ / ____ (mm/dd/yyyy)		
<p>Reason for Extension</p> <input type="checkbox"/> Student is NOT obtaining a degree from KU; is just extending conditions of exchange agreement (Study Abroad only)		
<input type="checkbox"/> Student needs more time to finish degree because _____ _____		
<input type="checkbox"/> Other _____ _____		
Signature:	Name:	Date:
Title:	<input type="checkbox"/> OSA <input type="checkbox"/> AEC <input type="checkbox"/> Other Department:	Phone:

Please complete reverse side→

Section C: FINANCIAL VERIFICATION To be completed for all extension requests

Please check and complete the following as appropriate. Give the total estimated financial support to be provided to the student for the entire extension period. ATTACH APPROPRIATE VERIFICATION. Proof of finances must be attached, e.g., bank statement or letter from sponsoring organization. Failure to do so will delay the preparation process. A signature from the department will suffice as verification if funding is from the University of Kansas.

- The University of Kansas:**
MUST be signed below by appropriate department if receiving funds from KU

Signature of Dept _____ Name _____ Phone _____

- Exchange agreement benefits** Name of Exchange: _____
 Student gets Full Tuition Waiver or Student pays In-State Tuition
 Student gets Full Fee Waiver or Student gets Partial Fee Waiver of _____ (specify)
 Student gets Room & Board Waiver
 Stipend Amount \$ _____

- Academic Year Assistantship:** GTA GRA Lecturer
FTE%: 50% 40% 30% 25% 20% Other _____
Dates: Spring and Fall Spring Only Fall Only
Salary: Bi-weekly Entire period marked above Amount: \$ _____
Tuition/Fee benefits in addition to salary (can check more than one):
 Student pays In-state Tuition or Student gets Full Tuition Waiver
 Student gets Full Fee Waiver or Student gets Partial Fee Waiver of _____ (specify)
 Other _____

- Summer Assistantship:** GTA GRA Lecturer
FTE%: 100% 50% Other _____
Salary: Bi-weekly Entire summer Amount: \$ _____
Tuition/Fee benefits in addition to salary (can check more than one):
 Student pays In-state Tuition or Student gets Full Tuition Waiver
 Student gets Full Fee Waiver or Student gets Partial Fee Waiver of _____ (specify)
 Other _____

- Scholarship** Amount \$ _____ Funds provided by: _____ (dept./school)

- Other** _____ Amount \$ _____

- U.S. Government Agency:** (Do NOT include money received through an U.S. government grant if the funds are not specifically allocated for this individual) (attach proof)

Amount of funding: _____ Source of funding: _____
name of agency

- The Exchange Visitor's government:** (attach proof)
Amount of funding: _____

- The binational Commission of the visitor's country:** (attach proof)
Amount of funding: _____

- All other organizations providing support:** (attach proof)
Amount of funding: _____ Source of funding: _____
name of organization

- Personal or Family Funds:** (Must provide official statement confirming the amount of funds listed below, e.g., bank statement)
Amount of funding: _____