



Rensselaer

J-1 DS-2019 STUDENT EXTENSION OF STAY

Please fill in the attached request form and submit it to the International Services for Students & Scholars Office (ISSS). Be sure to secure the endorsement of your academic advisor and department chairman 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: _____

RIN (Rensselaer ID Number): _____

Local Address: _____

Phone: Home: _____ Office or Lab: _____

E-Mail Address: _____

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:

[] Rensselaer (Attach copy of award letter) \$ _____

[] Home Government (Attach support letter) \$ _____

[] Other (Specify _____)
Attach documentation \$ _____

[] Personal Funds (Attach letter from bank) \$ _____

Signature: _____ Date: _____

**ACADEMIC ADVISOR'S RECOMMENDATION
FOR EXTENSION OF TIME LIMITATION
FOR A PROGRAM OF STUDY**

Academic Advisor: 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 USIA upon the student's current program of study. Please contact International Services for Student and Scholars at 276-6561 regarding any questions you may have. 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. 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.

Academic Advisor's Signature: _____

Name and Title (please print): _____

Department (please print): _____ Date: _____

Department Chairman's Signature: _____