



Program Extension Request

SECTION A. STUDENT INFORMATION	
Surname/Family Name(s):	Given/First Name(s):
UCSC Student ID:	Do you have any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a J-1 EAP Reciprocity student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Signature:	Date:

SECTION B. HEALTH INSURANCE AGREEMENT (J-1 students only)	
<i>I agree to be fully covered by health insurance that meets the J-1 Department of State regulatory requirements for myself and any J-2 dependent(s) with me for the full length of my stay in the U.S. I understand that the failure to do so is a violation of J-1 status and would lead to termination of my J-1 status and my right to stay in the U.S.</i>	
Student's Signature:	Date:

SECTION C. SOURCE OF FUNDING AND SPONSORSHIP FOR EXTENSION	
The amount of U.S. \$ _____ will be available to me during the period of extension requested.	
<i>Attach copies of official bank statements, bank letters, department letters, and/or award letters that detail the specific amount available to you, as well as the currency. The statement or letter should be a single page and must include the name of the account holder/awardee, must be in English, and must be dated from within the last 6 months.</i>	
<i>NOTE: If your source of funding is a family/individual sponsor, you must attach a signed letter from them confirming the amount and their relationship to you.</i>	

SECTION D. TO BE COMPLETED BY ACADEMIC OR GRADUATE ADVISOR (Does NOT apply to EAP students)	
Education Level of student: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	
Major/Program:	
Term or quarter in which ALL degree requirements are anticipated to be completed: <input type="checkbox"/> Fall 20__ (Dec) <input type="checkbox"/> Winter 20__ (Mar) <input type="checkbox"/> Spring 20__ (Jun) <input type="checkbox"/> Summer 20__ (Aug)	
Please explain why the student was not able to complete the program as originally expected (such as a change of major or research topic, unexpected research problems, or a documented illness). "Needs more time" is insufficient.	
<i>I verify that this student is making progress toward the completion of his or her degree. I recommend this student's stay be extended as indicated above.</i>	
Advisor's Signature:	Date:
Name & Department:	Phone:
Position Title:	