



J-1 STUDENT PROGRAM EXTENSION FORM

Complete this form and submit it at least 30 business days before the end date on your current Form DS-2019 to UCR ISS.

SECTION A: TO BE COMPLETED BY THE STUDENT:

Family Name: First Name: UCR Student ID :

U.S. Address: Apt/Unit #: City: State: Zip Code:

U.S. Phone#: ( ) UCR Email: Visa Type: UCR Major :

Degree Level (Check only one): Bachelor's Masters PhD Non-Degree

Student Eligibility Requirements for a J-1 Program Extension:

- 1. You must be in valid J-1 status, having maintained a full course load each quarter while enrolled at UCR.
2. You must be able to demonstrate compelling academic/medical reasons that necessitate the extension of your DS-2019.

Students are not eligible for a J-1 program extension if any of the following applies:

- 1. You have satisfied all requirements for graduation/completion of your program.
2. You want to prolong your stay in the United States.
3. You fail to obtain an extension before the completion date listed on your DS-2019.

By signing below, I verify that I have read and understood the eligibility for a J-1 student program extension. I agree and comply with the regulations above.

Student's Signature: Date:

SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR/GRADUATE PROGRAM ADVISOR:

\*Please update the student's "Banner Student Profile" to reflect their updated program end date.

\*Please make sure it is signed by your academic/program advisor, not faculty advisor/PI.

1. Has this student requested a program extension before?: Yes No

2. Additional time needed (expected graduation quarter):

Fall Winter Spring Summer YEAR:

3. Reason for program extension: (PLEASE SELECT ONE)

- Medical Reasons (Medical note required) Unexpected Research Problems
Compelling Academic Reasons (i.e. additional coursework) Change of Major

Advisor Signature Advisor Name (Please Print):

School/Department Date:

## SECTION C: TO BE COMPLETED BY THE STUDENT

Please indicate your source of funding as well as the amount below. (Select all that apply):

Support Type	Amount
<b>Personal Funds</b>	
<b>University Funds</b>	
<b>Family, Parent, or Private Sponsor</b> Full Name:	
Relationship:	
<b>Other (Government Funds, Loan, etc.)</b>	
<b>TOTAL</b>	

**\*J-1 students are required to submit financial support for the entire length of their DS-2019. F-1 students are required to submit proof of funding for one academic year.**

**\*Required amounts are estimated averages only for the purposes of I-20/DS-2019 issuance. Actual costs may be higher. Amounts are subject to change at any time. Current quarterly fees are available on the Registrar's website.**

*Academic Year (9 months)*

	All Undergraduate Programs	Masters/PHD	MBA Program	Professional (Flex) MBA Program (PMBA)	MPP Program	MPAC Program	MFIN Program	MS Business Analytics	Advanced to Candidacy
Tuition, Fees, Health Insurance	\$50,045	\$34,042	\$65,289	\$66,574	\$37,137	\$67,934	\$73,934	\$67,406	\$18,930
Living Expenses	\$23,525	\$23,525	\$23,525	\$23,525	\$23,525	\$23,525	\$23,525	\$23,525	\$23,525
<b>Total for single student</b>	<b>\$73,570</b>	<b>\$57,567</b>	<b>\$88,814</b>	<b>\$90,099</b>	<b>\$60,662</b>	<b>\$91,459</b>	<b>\$97,459</b>	<b>\$90,931</b>	<b>\$42,455</b>

*Per Quarter (3 months)*

	All Undergraduate Programs	Masters/PHD	MBA Program	Professional (Flex) MBA Program (PMBA)	MPP Program	MPAC Program	MFIN Program	MS Business Analytics	Advanced to Candidacy	On Filing Fee	Summer Fees Only (depends on units enrolled).
Tuition, Fees, Health Insurance	\$16,682	\$11,347	\$21,763	\$22,191	\$12,379	\$22,645	\$24,645	\$22,469	\$6,310	\$1,726	N/A
Living Expenses	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842	\$7,842
<b>Total for single student</b>	<b>\$24,524</b>	<b>\$19,189</b>	<b>\$29,605</b>	<b>\$30,033</b>	<b>\$20,221</b>	<b>\$30,487</b>	<b>\$32,487</b>	<b>\$30,311</b>	<b>\$14,152</b>	<b>\$9,568</b>	<b>\$7,842</b>

*Additional Per Dependent* (Dependents are Spouse and Children)

	Dependent 1	Additional dependents
One Academic Year	\$6,300	\$4,500
Per quarter	\$2,100	\$1,500
Per month	\$700	\$500

**By signing below, I confirm that I have the necessary funds available to continue my studies at UCR.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_