



SYRACUSE UNIVERSITY

LILLIAN AND EMANUEL SLUTZKER CENTER FOR INTERNATIONAL SERVICES

310 Walnut Place | Syracuse, New York 13244-2380

TEL: 315-443-2457 | FAX: 315-443-3091 | EMAIL: LESCIS@SYR.EDU

<http://international.syr.edu/>

DS-2019
Extension Request

Applying for a DS-2019 Extension

If you will not complete your academic program by the end date in item 3 of your DS-2019 form, you must apply for an extension of your DS-2019 at least **15 DAYS PRIOR TO** the end date of your current DS-2019.

Failure to submit an extension application to the Slutzker Center before the end date of your current DS-2019 may result in violation of your J-1 Student status and loss of all associated benefits.

Procedures for requesting a DS-2019 extension:

1. Complete Part I of the DS-2019 Extension Request form
2. Request that Part II of the DS-2019 Extension Request form be completed by your academic department
3. Complete the Financial Worksheet
4. Submit the following documents to the Slutzker Center no later than 15 days prior to the program end date of your current DS-2019:
 - DS-2019 Extension Request form, signed by your academic department
 - Financial Worksheet
 - Photocopies of your passport identity and validity page(s), visa, I-94, and DS-2019 forms
 - Photocopies of your dependents' passport identity and validity page(s), visa, I-94, and DS-2019 forms, if applicable
 - Proof of health insurance coverage (coverage must meet the federal mandatory minimums set by the Department of State and must include Medical Evacuation and Repatriation)
 - Proof of financial support (see documents listed on Financial Worksheet)

A Slutzker Center advisor will contact you if there are questions regarding your extension request and upon issuance of your new DS-2019 if the extension is processed.



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DS-2019 Extension Request Form

This DS-2019 Extension Request form must be completed and submitted to the Slutzker Center before a J-1 Student's DS-2019 form can be extended. **The completed application must be received by the Slutzker Center at least 15 days before the program end date on the student's current DS-2019 form.** Failure to submit a timely application may result in violation of the student's J-1 visa status.

I. Completed by Student

Student Name _____ SUID# _____

SEVIS# N _____ Current DS-2019 Program End Date: ____/____/____

Program of Study _____ Degree Level: UG Master's PhD Other

Local Address: _____

Email: _____ Phone: _____

Upcoming travel plans? Yes No If Yes, Destination: _____ Dates: _____

II. Completed by Academic Department

(For Graduate Students: To be completed by Academic Advisor and Department Chair or Dean)

(For Undergraduate Students: To be completed by College Recorder)

1. The named student has not yet completed his/her current program of study due to:

- Delay caused by a change in major field of study
- Delay caused by a change in research topic
- Delay caused by unexpected research problems
- Delay caused by lost credits upon transfer to Syracuse University
- No unusual delay. Original length of time given to complete program is not reasonable for an average student in the program.
- Other compelling academic or medical reason (explanation required): _____

2. Date on which student is now expected to complete his/her studies: ____/____/____

3. Number of credits remaining toward degree (following current semester enrollment): _____

I recommend that this student be allowed additional time to complete his/her degree program at Syracuse University.

Academic Advisor's Name Signature Date Email/Phone Number

Department Chair/Dean's Name Signature Date Email/Phone Number

College Recorder's Name Signature Date Email/Phone Number



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Financial Worksheet

SUID: _____

SEVIS ID: _____

Today's Date: ___/___/___

Student Name: _____

Phone Number: _____ Preferred Email Address: _____

You must provide proof of sufficient financial support to cover your tuition, fees, living expenses and if applicable, the expenses of your dependents.

Based on the estimated expenses below, my expenses for the next academic year will be:

Tuition: _____

Living Expenses: _____

Dependent Expenses: _____

I will pay for my tuition, fees, living expenses and the expenses of my dependents (if any) with:

- Personal Funds
- Family Funds
- Funds from Syracuse University
- Funds from another source (specify) _____

I am submitting the following documents as proof of financial support for my expenses:

- Bank Statements (Less than 6 months old)
- Support letters from my financial sponsor and proof of their ability to provide funding
- Scholarship and/or assistantship award letters

Estimated Expenses for the 2017 - 2018 academic year

	Undergraduate Students	Graduate Students	Law School Students
Tuition & Fees	\$49,427 per year	\$36,802 per year (\$1,500/credit hour) Fees vary for individual programs	\$48,552 per year
Living Expenses	\$19,557 per year	\$15,076 per year	\$20,258 per year
Total	\$68,984 per year	\$51,878 plus fees per year	\$68,810 per year

Dependents

Dependents	No SU Assistantship	SU Assistantship
Spouse or child only	\$9,620	\$8,939
Spouse and 1 child	\$15,545	\$15,930
Spouse and 2 children	\$21,470	\$19,625
Spouse and 3 children	\$25,165	\$22,669