



Program Extension Request Form

Purpose of form: For students to request an extension to the SEVIS form (I-20/DS-2019). The student must submit this completed form, supporting financial documentation forms, SEVIS form (I-20/DS-2019) and completed Green Sheet request form to International Services, 101 Hatcher Hall, Baton Rouge, LA 70803; isosevis@lsu.edu or fax: +1-225-578-1413.

Note: IS can only extend the program for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

PART A: Student information (type or print clearly)

LSU ID (if known): _____ E-mail address: _____

Surname: _____ Given Name(s): _____

By submitting this form I certify that I understand that, if I submit an incomplete request form to IS, I will be contacted for additional information or correction(s). I also understand that I am responsible for any estimated expenses on the I-20/DS-2019 that are not covered by LSU funding. I authorize that all information provided on this form, including any and all personal, financial, academic data and/or other data may be shared with LSU International Services – International Programs to facilitate the request. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement. (www.lsu.edu/privacy)

PART B: This section must be completed by the LSU Department (type or print clearly)

An extension cannot be granted for the sole purpose of obtaining employment (CPT, OPT or J-1 Academic Training). The department confirms that a compelling academic reason exists which requires an extension of the above-named student's program and SEVIS form. Questions? Contact isosevis@lsu.edu.

Department Name: _____ Department Phone: _____

Department Contact's Name: _____ E-mail address: _____

PROGRAM INFORMATION – Circumstances which necessitate an extension (please check all that apply):

- Unexpected Research Problems
Change of Research Topic(s)
Change of Major or Degree Level from _____ to _____
Other Academic Reason (give brief explanation): _____

New Projected Completion date: ____/____/____ OR Degree-Only date: ____/____/____
(use commencement date) MM/DD/YYYY (use degree-only deadline) MM/DD/YYYY

FUNDING INFORMATION - List LSU source(s) of support for the duration of the academic year.

Table with 5 columns: SOURCE, AMOUNT, DURATION (circle one), DATES, IS IT RENEWABLE?. Rows include Full-Time Assistantship, Part-Time Assistantship(s), Graduate School Tuition Award, Summer (Student Worker, Assistantship, Other), and Other Award (Enhancement, Enrichment, Supplement, Other).

ADDITIONAL COMMENTS AND/OR REMARKS: _____

By signing this form I certify that, to the best of my knowledge, the information on this form has been reviewed and provided by the department and is correct.

Graduate Advisor / Major Professor name: _____ Signature: _____ Date: ____/____/____

Department Head name: _____ Signature: _____ Date: ____/____/____