



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
Personal Funds	
University Funds	
Family, Parent, or Private Sponsor Full Name:	
Relationship:	
Other (Government Funds, Loan, etc.)	
TOTAL	

***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	\$52,967	\$35,604	\$67,874	\$70,461	\$38,699	\$71,909	\$78,197	\$71,333	\$20,502
Living Expenses	\$25,616	\$25,616	\$25,616	\$25,616	\$25,616	\$25,616	\$25,616	\$25,616	\$25,616
Total for single student	\$78,583	\$61,220	\$93,490	\$96,077	\$64,315	\$97,525	\$103,813	\$96,949	\$46,118

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	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539	\$8,539
Total for single student	\$26,195	\$20,407	\$31,164	\$32,026	\$21,439	\$32,509	\$34,605	\$32,317	\$15,373	\$10,542	\$8,539

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: _____

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