## HAWAI'I PACIFIC UNIVERSITY
### OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS

# DS-2019 STUDENT PROGRAM EXTENSION FORM

Complete this form and submit it **at least 30 business days** before the end date on your current DS-2019 to OISS. Failure to apply for your DS-2019 extension by the expiration date and will cause you to fall out of status and no longer be eligible for and J-1 benefits, including any employment.

| **Student Information: To be Completed By the Student** | |
|---|---|
| LAST Name: | First Name: |
| HPU ID:    @ | Email address:    **@my.hpu.edu** |
| Degree level**:**    ☐ Undergraduate    ☐ Graduate | Telephone: |

| **Academic Advisor Verification:** | |
|---|---|
| This student is in good standing and is making normal academic progress towards degree completion. The student has not completed the current academic program as a result of:<br><br>☐ Change in major from _____ to _____.<br><br>☐ Documented medical illness (see an OISS advisor for additional requirements), requiring addition _____# of credits to complete the degree<br><br>☐ A delay caused by unexpected research problems (thesis students only: please explain in detail the progress on thesis), requiring addition _____# of credits to complete the degree<br><br>☐ Other (additional documentation must be attached explaining the necessity of the program extension), requiring addition _____# of credits to complete the degree | Student Recommended New Program Completion Date (MM/DD/YY): <br><br><hr><br>The reasons that justify additional full-time study in the program. Or please attach documentation to this form (e.g. documentation on HPU letterhead). |
| Study Abroad and Exchange Advisor: | Signature and Date: |
| Telephone: | Email |

## Student Eligibility

You must meet the following criteria in order to be eligible for program extension:

1. You must be in valid J-1 status, having maintained a full course load each fall and spring semester.
2. You must demonstrate that you have compelling academic or medical reasons that necessitate the extension of DS-2019.
3. You **must submit financial documents and extended health insurance coverage**, which cover the requested extension period which your home institution does not cover.
4. You must provide OISS with a letter from your home institution approving the extension.
5. You are also **not eligible** for a program extension if any of the following applies:
   - You require additional time to complete incompletes, withdrawals, or to prolong your stay in the U.S.A.
   - You fail to have your Ds-2019 extended by the completion date on your DS-2019.

*By signing below, I have read and understood eligibility of J-1 student program extension and agree to comply with the regulations above.*

**Student Signature:** _____    **Date:** _____