

**EXTENSION: I-20 OR DS-2019 DOCUMENT**  
**(Degree students only)**

1. Request extension 60 days before your current I-20 or DS-2019 expires
2. Submit proof of funding, demonstrating sufficiency of funds to cover your educational expenses for the additional amount of time needed. Acceptable proof of funding include:
  - Offer of assistantship
  - Original bank letter and/or original bank statement (not older than 30 days)
3. Allow at least 7 business days for your I-20 or DS-2019 to be generated

**Section I: To be completed by the student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ URI ID \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

Academic Level:     Bachelor's             Master's             Ph.D.            Pharm. D.

Major/Field of study: \_\_\_\_\_

*Student must provide proof of funding source*

Funding Source:    Assistantship \_\_\_\_\_    Grant \_\_\_\_\_    Stipend \_\_\_\_\_    Personal Funds \_\_\_\_\_

**Section II: To be completed by student's academic advisor, dean or chair of the department**

I approve an extension to the current I-20 or DS-2019 (Extension are granted one semester/summer at a time)

Reason for Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated program completion date on/by: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_ Tel: \_\_\_\_\_  
Print name

\_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Signature

**OISS use only**

Received on: \_\_\_/\_\_\_/\_\_\_ Reviewed by: \_\_\_\_\_ SEVIS update \_\_\_\_\_  
(Name of DSO)