

## REQUEST EXTENSION TO I-20 OR DS-2019 DOCUMENT

### Instructions to request an extension to your I-20 or DS-2019 document (for degree seeking\* students only):

1. Request extension at least 45 days before your current I-20 or DS-2019 expires
2. Have your academic advisor, dean or chair of the department sign this form in the space provided below
3. Submit original 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)
4. Allow at least 7 business days for your I-20 or DS-2019 to be extended

\* Degree-seeking students are those currently pursuing a Bachelor's, Masters, or Ph.D degree at URI. If you are a non-degree student, you must use the "request form for DS-2019 for exchange students/interns" to request an extension to your DS-2019.

### Section A: To be completed by the student

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

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

I am currently enrolled in a:  Bachelor's  Master's  Ph.D  Exchange program

My current major/field of study is: \_\_\_\_\_

### Section B: To be completed by student's academic advisor, dean or chair of academic department

Before the office of International Students and Scholars can extend the current I-20 or DS-2019 of this student, it must verify (with the advisor's recommendation) that an extension to such document is indeed needed.

I approve an extension to the current I-20 or DS-2019

I do not approve an extension to the current I-20 or DS-2019

The student is anticipating to complete all degree requirements for the program mentioned above on/by:  
\_\_\_\_\_.

Is the department providing funding for this student to continue studies?  Yes  No

The following funds will be made available to the student: \$ \_\_\_\_\_ per:  Semester  Year  
(Please attach funding letter if funding will be provided)

\_\_\_\_\_ Tel: \_\_\_\_\_  
Academic Advisor's (print name)

\_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor's signature

-----Office of International Students and Scholars use only-----

Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by: \_\_\_\_\_  
(Name of DSO)