



# NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

DS-2019 Request Form for Extension to Complete Program Requirements

Submit all required documents via email to oia@ncat.edu

This form is to be used by continuing J-1 students to request an DS-2019 extension to complete degree requirements.

LAST NAME:		FIRST NAME :	MIDDLE NAME:	LAST 6 BANNER ID:
DOB: (mm-dd-yyyy)	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	J-2 DEPENDENTS? (spouse or child) <input type="checkbox"/> YES If yes, how many? # _____ <input type="checkbox"/> NO		
PROGRAM:	STUDENT	PROFESSOR	RESEARCH SCHOLAR	SHORT TERM SCHOLAR
TELEPHONE:	DELIVERY METHOD: <input type="checkbox"/> PICK-UP <i>If someone else will pick up for you, their name _____</i> <input type="checkbox"/> eShipGlobal <input type="checkbox"/> US Mail (not recommended)		SEVIS ID #: (top left of I-20) <b>N</b>	

**Important notes. Please read.**

- This request should be received by the OIA 30-60 days prior to the expiration date on your current DS-2019. If you fail to meet the deadline, there is no guarantee that your request will be processed before your current DS-2019 expires. This will have a negative impact on your immigration status.
- Program extension can be only to its maximum regulatory duration, that is to the limit imposed by the regulations specific to a program category.
- To be eligible for an extension, you must have a valid DS-2019, Valid passport, I-94 marked D/S, refrain from unauthorized employment, and maintain required health insurance

**Checklist of required documents.**

- Completed Academic/Faculty Advisor Recommendation form
- A completed Financial Guarantee Form and supporting financial documents
- Copy of your passport page(s) showing your picture, biographical information, and its expiration date
- Print-out of electronic Most Recent I-94 or copy of paper I-94
- Copy of current of DS-2019 (not including instruction page)

- *I certify I have read the request form instructions and information in full.*
- *I certify the information I have provided is, to the best of my knowledge, accurate.*
- *I understand I (and any J-2 dependents) must have health insurance for the duration of my J-1 status.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please do not staple forms.