



Please make sure that this form is completed thoroughly. Incomplete forms will delay the processing of your request. Return the completed form to the Center for Global Engagement, 110 S. Woodward Tallahassee FL 32306. If you have questions about completing this form, contact Tanya Schaad at 850-644-0977 or [tschaad@fsu.edu](mailto:tschaad@fsu.edu). Allow 2 weeks for processing.

**Student Information (to be completed by student):**

Name:	<input type="text"/>	EMPLID:	<input type="text"/>
E-mail Address:	<input type="text"/>	Telephone Number:	<input type="text"/>
Address:	<input type="text"/>	DS-2019 Expiration Date:	<input type="text"/>

List dependents (spouse) and children) that are currently in the U.S. Use the back of this page if necessary.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Funding Information (to be completed by student):**

If you will receive financial support from your academic department, your advisor will complete this information in the section below. If you receive financial support from other sources, please list them below and attach appropriate proof (letter, bank statements, etc.)

*Note: If you have any family members in the United States, you must also show additional funds for them, in the following amounts: Spouse: \$6,000/year; each child: \$4,000/year.*

<input type="checkbox"/> U.S. Government funding (attach proof)	\$	<input type="text"/>
<input type="checkbox"/> International Organization (attach proof)	\$	<input type="text"/>
<input type="checkbox"/> Government of home country (attach proof)	\$	<input type="text"/>
<input type="checkbox"/> Binational Commission of home country (attach proof)	\$	<input type="text"/>
<input type="checkbox"/> Other sources (specify; attach proof)	\$	<input type="text"/>
<input type="checkbox"/> Personal Funds (attach proof)	\$	<input type="text"/>

**Academic Advisor Recommendation (to be completed by Academic Advisor):**

In order to maintain legal status as a J-1 student at Florida State University, this international student must extend his/her DS-2019 immigration document. To assist us in completing the student's extension request, please complete the following information:

- Indicate the term when you expect the student to complete his/her program:
- Has the student been continuously enrolled in his/her program of study and making normal progress?  Yes  No
- Briefly explain reason why student did not complete his/her program by the date indicated on the current form DS-2019:



- If the department provides financial support for this student, please complete the information below indicating amount available per term:

	Fall Term	Spring Term	Summer Term
Assistantship amount:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Out-of-state waiver:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
In-state waiver:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

I recommend that the student be allowed additional time to complete his/her studies.

Name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
E-mail:	<input type="text"/>	Telephone number:	<input type="text"/>

This form is available in alternative format upon request.