PART I: Student should complete:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Education:</td>
<td>Date First Granted F-1/J-1 Status:</td>
</tr>
<tr>
<td>Field of Study:</td>
<td>Expected Graduation Date:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Number of dependents included in extension request:</td>
</tr>
</tbody>
</table>

By signing below, I affirm that I have maintained valid F-1/J-1 status throughout my Duke academic program.

Student Signature____________________ Date___________________________

Please attach copies of all visa documents: I-20/DS-2019, biographical page of passport, current visa stamp, the I-94 printout (https://i94.cbp.dhs.gov/I94/consent.html), and provide evidence of funding for yourself and if applicable, your dependents. PHD students should request current funding letter from the appropriate academic department.

PART II: Academic Advisor/UGS/DGS Recommendation

<table>
<thead>
<tr>
<th>Academic Advisor/DUS/DGS Name:</th>
<th>Duke Mailing Address, Box Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

The student is taking a full course of study and the projected completion of studies is: ___________________

Reason for Extension request (e.g., unexpected research difficulties, change of research topic, medical condition, etc.):

________________________________________________________________________________________________

Please provide the amount of the student's required tuition/fees, living expenses and dependent living expenses for the extension period requested.

Tuition/Fees: _________________ Living Expenses: _________________ Dependent Living Expenses: _________________

If the student will receive departmental financial support, please specify the amount provided:

Tuition/Fees: _________________: (circle all that apply) Fellowship/Scholarship/Assistantship, Other: _________________

Is the department providing the student with any living expenses? (Please circle one) YES / NO

If yes, please specify the amount, frequency and guaranteed duration: (e.g., $1,848 per month for 9 months):

________________________________________________________________________________________________

ACADEMIC ADVISOR//DGS/DUS CERTIFICATION:

As the Academic Advisor/DGS/DUS (please circle one) for the student named above, I certify that the information provided on this form is true and accurate, and I request that the student be granted an extension of his/her visa status until the date requested above.

Advisor Signature ___________________________ Date ___________________________

(DUKE VISA SERVICES
University ♦ Medical Center Health System ♦ Affiliated Institutions
Recommendation for F-1/J-1 Student Extension

Extensions-F and J Students\F & J student extension request 4-2016)