

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

PART I: Student should complete:

Name:	Date of Birth:
Level of Education:	Date First Granted F-1/J-1 Status:
Field of Study:	Expected Graduation Date:
Email Address:	Number of dependents included in extension request:

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

Academic Advisor/DUS/DGS Name:	Duke Mailing Address, Box Number:
Email Address:	
Phone Number:	Fax Number:

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 _____