

PROGRAM EXTENSION FORM FOR J-1/F-1

This form is to be used by continuing Millersville University students to request an I-20/DS-2019 extension to complete degree requirements. You must schedule an appointment with an advisor of the Warfel Center for International Programs and Services prior to submitting this request.
Please allow one week for processing.

| | | | |
|--|---|--------------------|-------------------|
| First Name, Middle Initial | Last Name | Millersville Email | |
| Date of Birth (mm-dd-yyyy) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Telephone | Student ID Number |
| Current Address (Full Street Address, City, State, Zip Code) | | | |

IMPORTANT NOTES. PLEASE READ.

- This request should be received by the Warfel Center for International Programs and Services 30-60 days prior to the expiration date on your current I-20/DS-2019. If you fail to meet the deadline, there is no guarantee that your request will be processed before your current I-20/DS-2019 expires. This will have a negative impact on your immigration status.
- To be eligible for extension, you must maintain status, making normal progress toward completion of a degree and have academic requirements remaining.
- Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons for this request.
- Delays caused by academic probation or suspension are not acceptable reasons for program extensions [8 CFR 214.2(f) (7) (iii)].
- **Extension requests will not be granted solely due to delays caused by employment such as Curricular Practical Training (F-1) or Academic Training (J-1).**

CHECKLIST OF REQUIRED DOCUMENTS WHICH MUST ACCOMPANY THIS FORM TO BE PROCESSED

- ☐ Copy of your passport page(s) showing your picture, biographical information, and the expiration date
- ☐ Copy of your current I-94
- ☐ Copy of your current I-20 (pages 1 & 2) or DS-2019 (Page 1)
- ☐ Completed *Academic Advisor Extension Request Form*
- ☐ Unofficial MU transcript downloaded from MAX
- ☐ Supporting financial documents, not more than 6 months old

READ THE STATEMENT BELOW AND SIGN

- I hereby certify that all the information above is true and accurate
- I understand I (and any F-2/J-2 dependents) must have Millersville University approved health insurance for the duration of my (our) F/J status.
- I understand I must report any address changes, current (U.S.) or permanent (outside U.S.) to the Warfel Center for International Programs and Services and through MAX within 10 days of the change.
- I understand this form must be completed in DocuSign or submitted physically with a wet signature.

Signature _____

Date (month/day/year) _____