**DS-2019 Extension Request**

**Form Instructions**

**Purpose:**

If you wish to extend the end date noted on your DS-2019 form (J-1), you can request an extension of your program. The length of time allowed for an extension is based on the recommendation of your AAMU Coordinator and the listed below. **A program extension is not guaranteed**. Each request will be reviewed on a case-by-case basis.

**University DSOs:**

1. Karen McDavis, PDSO, RO, karen.mc.davis@aamu.edu
2. Michele Wesson, DSO, ARO, michele.wesson@aamu.edu
3. Pamela Little, Ph.D., DSO, pamela.little@aamu.edu

**Deadline for Extension:**

<table>
<thead>
<tr>
<th>DS-2019 Expiring</th>
<th>Extension Request Deadline</th>
<th>Financial Documents Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>September 15th</td>
<td>October 30th</td>
</tr>
<tr>
<td>May or August</td>
<td>February 10th</td>
<td>March 25th</td>
</tr>
</tbody>
</table>

**Form Instructions:**

1. Complete the exchange visitor information section of this form (page 1).
2. Have your AAMU Coordinator complete and turn in the AAMU Coordinator section of this form (page 3).
3. Provide updated financial documents, proving that sufficient funding is available.
   - Note that the financial documents must be original documents. Please mail the documents to: **Office of Student Affairs, Patton Hall, Room 205, Normal, AL 35762**
   - Copies may be emailed to michele.wesson@aamu.edu.

**Submitting:**

Due to the multi-step process of this form, exchange visitors must submit pages 1 & 3 of this form by the above Extension Request deadline. EVs will not be required to submit the financial documents until an extension decision has been made, but are advised to provide the original documents to the DSO as soon as possible.

**Notification:**

Please allow 7-10 calendar days for processing. You will be notified of the decision via email once a determination is made.

**Questions:**

Please contact the DSO as referenced above.
DS-2019 Extension Request

Exchange Visitor Information

Please Print Clearly in Blue Ink

AAMU ID Number (if applicable): A00________________________ Date: ______________________________

Name: ________________________________________________________________

   First Name       Last Name

DS-2019 Expiration Date:____________________ Exchange Visitor Category (i.e. Professor, etc.): ________________

   Month/Day/Year

AAMU Email:________________________@bulldogs.aamu.edu – Alternate Email: ______________________________

Phone: ______________________________

Have you previously received a program extension at AAMU? (Please check one):

Yes ______ No ______

Month and year that you first arrived to AAMU: ______________________________

Please explain why you are requesting an extension:

____________________________________________________________________________

Please list all of your dependents who accompanied you to the U.S. and whether they will stay with you for the duration of the extension.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 1. Name</td>
<td>Relation</td>
</tr>
<tr>
<td>2. 2. Name</td>
<td>Relation</td>
</tr>
<tr>
<td>3. 3. Name</td>
<td>Relation</td>
</tr>
<tr>
<td>4. 4. Name</td>
<td>Relation</td>
</tr>
</tbody>
</table>

Exchange Visitor Signature: ______________________________

Date

Please provide a copy of your most recent DS-2019 with this Extension Request

Office of the Vice President for Student Affairs
DS-2019 Extension Request Form
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AAMU Coordinator Information

To Be Completed by AAMU Coordinator

Your AAMU ID Number: A00__________________________________ Date: ________________________________

Exchange Visitor Name: ________________________________________________

First Name                                Last Name

The exchange visitor above is requesting an extension of their DS-2019. Please provide your recommendation of “Yes,” or “No,” and your reason for the recommendation.

My recommendation is (please check one): _____ Yes    _____ No

Reason:

The EV’s current end date is: __________________________________________

Month   Day   Year

Extension to ____________________________________________________________ is requested.

Month   Day   Year

PRINT AAMU Coordinator Name ____________________________________________

AAMU Coordinator Signature ____________________________________________ Date ___________________