



REQUEST FOR EXTENSION OF PLACEMENT FROM ONE SEMESTER TO FULL YEAR

If you would like to request an extension of your placement, please complete the following forms and submit them to your Student Services Officer by email.

Student Name: _____ Date: _____

Home Institution: _____

Host Institution: _____

Requirements for an extension:

- Approval of your home ISEP Coordinator
- Approval of your host ISEP Coordinator
- Payment (see page 2)
 - Includes \$100 processing fee and extension of ISEP Health & Safety Program
 - **Note for ISEP students studying in the U.S.:** Due to J-1 visa regulations all non-U.S. students must enroll in the ISEP Health & Safety Program for the ENTIRE period listed on their DS-2019 visa document. Students who travel to their home country during the U.S. summer months must still comply with this regulation in order to keep their visa status.

Deadlines for consideration are as follows:

Semester 1 to Full Year: September 1 for ISEP Exchange, See Program Page for ISEP Direct Deadline

Semester 2 to Semester 1 (Calendar Year): February 15 for ISEP Exchange, See Program Page for ISEP Direct Deadline

Since you must compete with new applicants, you should submit your completed request early in the semester to increase your chances of a favorable response.

Please see next page for Extension & Insurance Enrollment

Extension & Insurance Enrollment Form
International Student Exchange Programs
1655 Fort Myer Dr, Suite 400 Arlington, VA 22209, USA
Tel: (703) 504-9960 Fax: (703) 243-8070

Enrollment Information

Participant Information

Last Name: _____ First Name: _____

Country of Residence: _____

Host Institution: _____ Home Institution: _____

Email (insurance enrollment confirmation will be sent to this email address): _____

Type of Coverage (please check one) **all prices are in U.S. Dollars*

- | | |
|--|------------------|
| <input type="checkbox"/> CISI Comprehensive Medical & Global Assistance Plan | \$27.00 per week |
| <input type="checkbox"/> CISI Limited Medical & Global Assistance Plan | \$17.00 per week |
| <input type="checkbox"/> CISI Global Assistance Plan | \$3.50 per week |

**If enrolling dependents, please reach out to your ISEP Student Services Officer for pricing.*

Coverage Period **Coverage must be in weekly increments*

Beginning date of coverage month: _____ day: _____

Ending date of coverage month: _____ day: _____

Insurance Fee: Total number of weeks: _____ x Premium \$ _____ = \$ _____
(Multiply the total number of weeks of coverage by the per week premium. Example: 20 weeks x \$27/week = \$540)

Extension Fee (required for all applications) \$ 100

Total Amount Due: \$ _____

- By signing below, I give ISEP permission to bill me for the total amount due listed above on this form.
- I agree to pay the total due from the invoicing section of my ISEP Student Portal.
- I also understand that my updated DS-2019 will not be sent until the total due is paid in full (Inbound US Students Only)

Student Signature: _____ Date: _____

