

## J-1 Extension Form

**Extensions require the approval of the department. Please type or print clearly below.  
 Please allow 5 business days to process all requests.**

### SECTION 1: J-1 SCHOLAR INFORMATION (TO BE COMPLETED BY SCHOLAR)

**NAME (as it appears in your passport):** \_\_\_\_\_  

Family Name (Surname)
Given Name (First)
Middle Name (if any)

**LOCAL CONTACT INFORMATION:**

Physical Address: \_\_\_\_\_  
 (Apt. or House)

Mailing Address: \_\_\_\_\_  
 (P.O. Box)

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I certify that the above information is correct and complete, and that I shall notify the University of any change in my personal information or research plans.**

Scholar's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  

month
day
year

### SECTION 2: DEPARTMENTAL APPROVAL FOR J-1 EXTENSION

USA Academic Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dates of Extension for J-1 DS-2019: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  

month
day
year
month
day
year

The funding requirement for a visiting scholar is a minimum level of support of \$2,000 per month.

Please attach a signed copy of any letters of award or sponsorship. If funds are personal, please have scholar attach an official bank statement not more than 6 months old.

SOURCE OF SCHOLAR FUNDING (UNIVERSITY, PERSONAL, ETC.)	NAME OR SOURCE OF FUNDING	FUNDING AMOUNT (SALARY)
		\$

**Required Signatures:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept. Chair or Dean: \_\_\_\_\_ Date: \_\_\_\_\_