

J-1 Exchange Visitor Extension Request Form

Extensions should be requested 45-30 days before the expiration of your current DS-2019

Today's date: _____ Exchange Visitor's Name: _____

Expiration date of Exchange Visitor's current DS-2019: _____

SEVIS ID _____ (this can be found on the upper right hand corner of the DS-2019 beginning with « N »)

Extend Exchange Visitor's scholarly activities at ISU: from _____ to _____ (EXACT DATES!)

Current Department _____ Chairperson _____

Department Phone number _____ Fax number _____ Campus Box Number _____

Name of faculty contact _____ E-mail address: _____

Please specify scholarly activities, duties, and responsibilities while at Idaho State University:

Site (physical address) of activity (if ISU, leave blank):

Extend Visitor in the following category:

Professor (for those with teaching assignments) (total time in J1 status cannot exceed 5 years)

Research Scholar (total time in J1 status cannot exceed 5 years)

If applicable, extend the EV's dependent family members who are currently in the US? Yes No

Please enter exact money, source(s), and description: **DOCUMENTS WILL NOT BE MADE WITHOUT THIS INFORMATION. IT IS FEDERAL REGULATION THAT THE SCHOLAR HAVE PROOF OF ALL FUNDING.**

Amount	Source	Description

Attach documentary evidence that the visitor can meet the minimum of \$1,000 per month for living expenses (housing, meals, health insurance, transportation, etc.). Statements should be on letterhead stationery, should specify dollar amounts and type of compensation or support, and be signed by the responsible party. If the scholar is responsible for his own funding, then please attach proof of enough funding to cover the duration of the extension.

The exchange visitor must submit proof of current medical coverage in order to have the DS-2019 extended. Insurance coverage must include:

- Medical benefits of at least \$100,000 per accident or illness
- A deductible not to exceed \$500 per accident or illness
- Repatriation of remains (in case of death) in the amount of \$25,000
- Expenses associated with medical evacuation to home country, up to \$50,000

Scholarly duties cannot continue until there is sufficient proof that he/she is insured. This is a US Department of State requirement.

MAILING ADDRESS

Preferred mailing address for the Office of Equity and Inclusion to mail the new DS-2019: Address

Line 1: _____

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

Telephone Number (including codes for country and city): _____

Please do not forget to include the following:

Official Letter of Extension to the Scholar from the Department

Original proof of funding (offer letter for teaching/research from the department, personal funds, governmental funds, grants or a combination of these)

Signature of Department Chairperson

Questions about this form? Call the Office of Equity and Inclusion at 208-282-3142

Office of Equity and Inclusion Use Only:

Approval by Department? _____

Official extension letter attached? Original

Proof of Funds attached? _____