

TIMING:

The extension can be done any time before the expiration of the DS-2019. A good time is 60 days before the end date of the current DS-2019. International Student and Scholar Services strives to process all incoming requests within 5 working days, provided all the information and required attachments are included with the original application.

PROCESS:

Once the request is submitted, we will evaluate the scholar's eligibility for the extension, see that the budget is met and financial support is documented, and all other requirements such as health insurance, are satisfied. We will issue the DS-2019, which electronically notifies the Department of State and USCIS of the extension.

ELIGIBILITY:

Before submitting the request, first verify the possibility of extending the visitor based on category. Please check section #4 of the J-1's current DS-2019. The category should read "Professor" or "Research Scholar." If it reads "Short Term Scholar," extension is rarely possible. Contact Leslie Crosdale at 817-735-2780 with questions.

STEPS:

1. Please fill out this form completely.
2. Attach a copy of the department's letter of reappointment.
3. Attach current documentation of financial support if other than UNTHSC funding.

J-1 Personal Information (as indicated on passport)

Name

(Family Name)

(First Name)

(Middle Name)

 Gender: Male Female

U.S. Home Address

 Street:

 City: State Postal Code:
Dependent Information. If you have J-2 family members in the U.S., please complete the following information for each member.

Full Name	Relationship	Date of Birth	City of Birth	Country of Birth	Citizenship	Permanent Residency

Health Insurance

Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: \$100,000 per person per accident or illness; repatriation of remains \$25,000; medical evaluation \$50,000, and a deductible not to exceed \$500.

 Insurance will be provided by: UNTHSC Exchange Visitor

Funding Information

Source of Financial Support while in U.S.

<u>Additional Cost for Dependents</u>		
	<i>Annually</i>	<i>Monthly</i>
Spouse	\$5,040	\$420
Each Child	\$5,040	\$420

UNTHSC Funds. List Grant: _____

Visitor's Government Personal Funds Other Organization _____
(Name of Organization)

NOTE: *If not funded by UNTHSC, please provide proof of support such as a letter of financial support from organization providing support. Please note that ALL scholars must have a minimum total funding of \$1300/month for a J-1 visa, plus any funding for dependents.*

Amount of Funds: \$ _____ per _____ Total Funds Provided: \$ _____

Program Information

Faculty Sponsor Department

Extend program to: (date)

Department Approval

All DS-2019s will be available in SSC 225 or will be delivered via intercampus mail. Please sign and date below:

Department Chair:	<input type="text"/>	Signature and Date:	<input type="text"/>
Dean:	<input type="text"/>	Signature and Date:	<input type="text"/>
Chief Compliance Officer:	<input type="text"/>	Signature and Date:	<input type="text"/>
VP of Research:	<input type="text"/>	Signature and Date:	<input type="text"/>
Provost:	<input type="text"/>	Signature and Date:	<input type="text"/>