

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 Lauren M. Jacobsen 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.

	(Family Name)		(First Name)		(Middle Name)		
Gender:	le (Female						
U.S. Home Ad	<u>dress</u>						
Street:							
City #	State		Poeta	l Code:		·	
City.	State		rusia	r Code.			
City: Dependent Inf		ve J-2 family mem		,		mation for each member	
,		ve J-2 family mem		,	following inforn	mation for each member Permanent Residency	
Dependent Int	f ormation. If you ha		bers in the U.S.,	please complete the			
Dependent Int	f ormation. If you ha		bers in the U.S.,	please complete the			

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.

nsurance will be provided by:	○ UNTHSC	Exchange Visitor
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Funding Information					Addition	al Cost for De	
Source of Financial Support	while in U.S.				Spouse	Annually \$5,040	Monthly \$420
UNTHSC Funds.	List Grant:				Each Child	\$5,040	\$420
☐ Visitor's Government	Personal Fu	unds 🔲 Other Orga	anization				
				(Nai	me of Organi	zation)	_
NOTE: If not funded by UNTH Please note that ALL scholar					•	, .	
Amount of Funds: \$	per		Total Funds Pro	vided: \$			
Program Information							
Faculty Sponsor			Department				
Extend program to: (date)							
Damantinant Annuara							
Department Approva All DS-2019s will be available	= '	elivered via intercamp	ous mail. Please	sign and	d date below	r:	
Department Contact:							
Department Chair:							
L							
Dean:							
Provost:							