



J-1 Scholar & Department Checklist: Extension of a form DS-2019

J-1 Scholars:

STEP 1

Complete the J-1 Scholar Extension form, Section A only (next page)

STEP 2

Compile the following required supporting documentation:

- Copy of current paper I-94 card front and back OR copy of I-94 record created electronically, printed from www.cbp.gov/i94
- Copy of passport biographic page
- Are any dependents returning to or arriving in the U.S. during the extended program period? If so, please provide the ISO with their name, relationship to you, and indicate when they will arrive and for how long. **Complete a J-1 Scholar Dependent Questionnaire** for each new dependent who has yet to arrive in the US.
- If a source outside the UR is funding all or a portion of your program, please provide proof of funding that is written in English, on letterhead from the funding source, and signed by someone with the authority to dispense the funds. It must include the specific dates of funding coverage and the amount of funding in U.S. dollars.

STEP 3

Submit form with Section A completed along with other required documentation to the **administrator of your host department**

Department administrators:

STEP 1

Complete Section B of the J-1 Scholar Extension Form, after exchange visitor completes Section A

STEP 2

Check exchange visitor's Section A of Extension Form and compiled required documents for completeness

STEP 3

Attach copy of new letter of agreement between dept. and exchange visitor (may need to be created for purposes of J-1 extension, if not already created for reappointment)

STEP 4

Submit Extension Form, J-1 Exchange Visitor's documentation, and copy of new letter to the **ISO**:

Sumie Jacoby, International Services Office, 40 Celebration Drive, Suite 100
P.O. Box 270446, Rochester, New York 14627-0446
Telephone (585) 275-2929 Fax (585) 244-4503
sumie.jacoby@rochester.edu



J-1 Scholar Extension Form

Section A to be completed by the Exchange Visitor. **Section B** to be completed by the Department

Section A

1. Name of visitor (exactly as on passport)

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2. List your Rochester **home address** (where you reside), **telephone numbers** (home, office and/or cell) and **email**:

3. Have you ever applied for a waiver of the 2-year home residency requirement associated with the J visa?

Yes No if yes, was it approved? Yes No Pending

4. Has the purpose or responsibilities of your current position changed significantly? Yes No
 If yes, how has it changed?

5. List any dependents who have accompanied you and will remain with you during the extended portion of your program. For more than 3 family members, please continue on to the back of the form for additional space to list their information.

Name (last, first, middle)	Date of Birth	Relationship (spouse/child)	Reside in US? <i>If yes, what is anticipated FINAL departure date from US?*</i> <i>If no, what is anticipated date of arrival in the US?</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Federal regulations require that J-2s update ISO with the date of their final departure date from the US, if the J-2 final departure from the US will be earlier than the J-1's final departure date from the US.*

6. **Please read and sign below:**

I certify that the information I've provided is true and that I have purchased and will continue to maintain health insurance that meets or exceeds the Department of State's minimum requirements for myself and my family members, if applicable, for the duration of my program.

Signature of J-1 Scholar

Printed name of J-1 Scholar

Date

Section B

Note: **The J-1 program duration for professors or research scholars is limited to a maximum of 5 years. Short-term scholars have a maximum of 6 months.**

1. **New start date** _____ **New end date** _____
 month /day/year month/day/year

2. **Exchange visitor's position at the University** _____

If applicable: U of R HRMS title: _____ U of R position code: _____

a. Where at the University will the exchange visitor be located? _____

b. List any additional sites of activity: _____

At which site do you spend the most time? (a. or b. above): _____

3. _____
 University department Department contact person U of R Box #

_____ telephone # email address

4. When the DS-2019 packet is ready, I would like:
 to pick up the packet at ISO
 the packet to be sent to the UR box number above

5. **Sources and Amounts of Financial Support:** Please enter amounts in US dollars for the entire period of the extension
 Note: Minimum funding requirements are \$2600/month for the J-1 Exchange Visitor, \$500/month for each dependent

Type of Funds	Amount (in USD) Per		Name of Funding Source
	<input type="checkbox"/> Month	or <input type="checkbox"/> Year	
University of Rochester			
Foreign Employer			
Foreign Government			
International Organization			
Foreign University			
Personal Funds			
Other			
Total Funding: _____ From: _____ To: _____			

6. Department Authorization

The undersigned confirms that he or she authorizes the continuation this exchange visitor’s program at the University, that he or she will continue to take responsibility for the supervision of the exchange visitor, will ensure the continuation of a departmental host to the exchange visitor, and that the information contained in this request is correct according to the best information available.

 Signature (Chairperson or Division Chief)

 Printed Name (Chairperson or Division Chief)

 Date