

University of South Florida  
International Services  
J-1 Exchange Visitor Program No. P-1-03445  
**DS-2019 Scholar Extension Request Form**

**Eligibility Requirements:** J-1 scholars are eligible for an extension of stay if they meet all of the following criteria:

- The scholar is working toward the objective shown on the most recent DS-2019;
- The scholar is maintaining status as a J-1 exchange visitor;
- The scholar can demonstrate adequate funding for the period of the proposed extension; and
- The extension will not carry the scholar beyond six months as a short-term scholar, one year in J-1 status as a specialist, or five years in J-1 status as a professor or research scholar.
- The scholar has not been granted a waiver to the 2 year home residency requirement.
- The end date on the DS-2019 is in the future.

**Scholar Information:**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SEVIS Number: \_\_\_\_\_ USF ID: \_\_\_\_\_

Local Address: \_\_\_\_\_

Number and Street Apt. #

City State Zip code

Local Phone Number: ( ) \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Original U.S. Entry Date: \_\_\_\_\_ Extension period being requested \_\_\_\_\_ to \_\_\_\_\_  
(mo) (day) (yr) (mo) (day) (yr)

Do you have J-2 dependents?  YES  NO If yes, how many? \_\_\_\_\_

If there are updates to any of your dependant's information, please note here: \_\_\_\_\_

**Financial Verification** Submit proof of funding with the form. Enter the amount the scholar will have for the dates of the extension period. Funding will be provided by (check as appropriate):

\_\_\_ A. The University of South Florida. (**attach offer letter**)  
Amount: \_\_\_\_\_ Funds provided by [dept/college]: \_\_\_\_\_ Source of funding: \_\_\_\_\_ [grant/no.]

\_\_\_ B. A U.S. Government Agency (direct award to the visitor).  
Amount of funding: \_\_\_\_\_ Source of funding: \_\_\_\_\_ [name of agency]

\_\_\_ C. The Exchange Visitor's home government.  
Amount of funding: \_\_\_\_\_

\_\_\_ D. A Bi-national Commission of the visitor's country.  
Amount of funding: \_\_\_\_\_

\_\_\_ E. All other organizations providing support.  
Amount of funding: \_\_\_\_\_ Source of funding: \_\_\_\_\_ [name of organization]

\_\_\_ F. Personal Funds.  
Amount of funding: \_\_\_\_\_ Verified by submitting bank certification or letter indication availability of funds.

**Scholar Health Insurance Verification:**

**\*\*\*PLEASE NOTE THE UPDATED 2015 FEDERAL MINIMUM REQUIREMENTS\*\*\***

According to Federal Regulation 22 CFR 62.14, each J scholar is to have insurance in effect, which covers the scholar and his or her dependents for sickness or accident during the period of participation in the exchange visitor program. Minimum levels of coverage must provide:

- a) Medical benefits of at least US **\$100,000** per accident or illness;
- b) Repatriation of remains in the amount of US **\$25,000**;
- c) Expenses associated with medical evacuation of the scholar to his or her home country in the amount of US **\$50,000**;
- d) A deductible not to exceed US **\$500** per accident or illness.

**I am in compliance with the above mentioned insurance requirements for myself and my dependents and will maintain this required insurance coverage during my entire stay at the University of South Florida. I have enclosed a copy of my current health insurance card showing coverage for the requested extension period.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department/College Verification:** The sponsoring department, department head, and college dean must sign below to verify that the information provided by this form is correct.

USF Sponsoring Department or Unit: \_\_\_\_\_ USF College: \_\_\_\_\_

Department Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

As departmental sponsor of this visiting scholar, I accept responsibility for ensuring this form's accuracy. I agree to report the following events to USF International Services:

- Changes in any of the following related to the scholar's activities: employment status, employing department, site of activity, or significant duties begin performed by the scholar
- Completion of the scholar' activities prior to the anticipated end date on the DS-2019

Signature of USF Department Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by department chair: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by College Dean/VP area/ VP USF Health: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this ORIGINAL completed form with a copy of the insurance card for the scholar and any dependents showing coverage for the extension period and financial information to:**

**International Services/USF World  
UNIVERSITY OF SOUTH FLORIDA  
4202 E. FOWLER AVE. CGS101  
TAMPA, FL 33620-2246**

**Office location: Patel Center 104**

**Please plan for five (5) day processing time from the date the completed extension is submitted to International Services.**