

University of South Florida
Office of 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: _____

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 dependents' 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 (and that of my dependents) showing coverage for the requested extension period.

Print Name _____ Signature _____ Date _____

Export Control Certification: This section must be signed by the USF Office of Export Controls BEFORE submitting the Request to OIS. Forward a scanned copy of this form with all accompanying documents to exportcontrol@usf.edu for review and certification.

Export Control Officer Signature

Export Control Officer Name

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's activities prior to the anticipated end date on the DS-2019

Printed Name of USF Department Sponsor: _____

Signature of USF Department Sponsor: _____ Date: _____

Printed Name of Department Chair: _____

Approval by department chair: _____ Date: _____

Printed Name of USF College Dean/VP Area/VP USF Health: _____

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:

**Office of 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 OIS.