



WORLD: International Learning

386.822.8165 (Office) – 386.822.8167 (Fax) – 635 Bert Fish Drive – www.stetson.edu/other/world

Request to Extend a J-1 Scholar

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 form. WORLD 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. The scholar will then complete the process at 635 Bert Fish Drive, or by mail from HSC.

Eligibility:

Before submitting the request to WORLD, 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 WORLD 386.822.8165 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 SU funding.

- If your department must go through the Dean’s Office for approval, please include the documentation that the appointment has been approved on this level.

Part I: Biographical Data					
Last Name:		First Name:		Middle Name:	
Email:			Phone Number:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
U.S. Home Address (No PO boxes):					
City:		State:		Zip Code:	
Cooperating Professor/Department:					
Physical Address where J Scholar will perform Work:				Dates of Extension:	
Financial Support:					
Total Support from SU: \$					
Other Support: \$			Source and Dates of “Other” Support:		
Insurance Coverage for Scholar and Family:					
Company Name:					
Dates of Coverage:					



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Request to Extend a J-1 Scholar, cont.

Departmental Information		
Name of Departmental Contact:	Phone Number:	Email:
Departmental Appointing Authority Name:	Signature:	Date:

Dependent Information:
 We are now required to issue a separate DS-2019 for each J-2 family member, even though they are already in the

If your family resides at a different address than you do, please give their address:

Last Name:	First and Middle Name:	Date of Birth:
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City and Country of Birth:	Country of Citizenship:	Country Of Permanent Residency:	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Last Name:	First and Middle Name:	Date of Birth:
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City and Country of Birth:	Country of Citizenship:	Country Of Permanent Residency:	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Last Name:	First and Middle Name:	Date of Birth:
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City and Country of Birth:	Country of Citizenship:	Country Of Permanent Residency:	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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