



**Request for J-1 Exchange Visitor Status Extension
(Extended Form DS-2019)**

This form is for J-1 Exchange Visitors and dependents already at the University whose program will be extended

Name of Visitor: _____	SEVIS ID number located on DS-2019 form (above J-1 barcode): _____
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Number of J-2 dependents in the U.S.: _____	For dependents who need a new J-2 visa to enter the U.S., please complete the Dependent Request Form.
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Current J-1 Program Category - please check one (no extensions permitted for Short-Term Scholars):

<input type="checkbox"/> Professor or Research Scholar (maximum program duration is 5 years)	<input type="checkbox"/> Student (Degree Program) (valid for the duration of the program of study)	<input type="checkbox"/> Student (Non-Degree) (maximum program duration is 24 months)
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Original program start date: _____	Current program end date: _____
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New requested end date: _____	Total program duration: _____
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Exchange Visitor Funding Information for the Duration of the Program

If the visitor will have financial support from more than one source, indicate this. The total funding amount must be sufficient for average living expenses for the duration of the program period. **Supplemental support from other sources or from the visitor's own personal resources must be documented (e.g. letter from grantor, bank statement, etc.).**

<input type="checkbox"/> University at Albany	State Payroll	Amount: _____
	Research Foundation	Amount: _____
	Endowment/Grant Name: _____	Amount: _____
<input type="checkbox"/> Direct Funding	U.S. Government Agency Name: _____	Amount: _____
	International Organization Name: _____	Amount: _____
	Exchange Visitor's Government: _____	Amount: _____
	Binational Commission of (Visitor's Country): _____	Amount: _____
	Other Organization Name: _____	Amount: _____
<input type="checkbox"/> Personal Funds	Source of Personal Funds: _____	Amount: _____

Total Funding : _____

General information about the J-1 Exchange Visitor Program can be found at the U.S Department of State's website: <http://exchanges.state.gov/jexchanges/exchange-visitor.html>. More program specific information can be found at: http://exchanges.state.gov/jexchanges/programs/acad_gov.html. The University at Albany and the SUNY Research Foundation participate in the Research Scholar/Professor, Short-Term Scholar, and Student program categories. **In addition to program specific criteria, participants and any J-2 dependents are required to carry medical insurance and must submit proof of sufficient coverage to the International Student and Scholar Services Office at UAlbany upon arrival in the U.S. or upon extension of their program.** The ISSS office will facilitate the purchase of coverage to participants who do not have insurance or whose insurance does not meet the State Department's requirements listed on our website: http://hr.albany.edu/content/important_information_for_j.htm.

Approved by (name of Dept Chair, Dean, or VP): _____	Title and Department: _____
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Signature: _____	Date: _____
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The DS-2019 form will be sent via campus mail to the address you provide below; or you may pick up the form in person:

<input type="checkbox"/> On Campus Mail to:	Name: _____	Department: _____	Building: _____
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<input type="checkbox"/> The DS-2019 form will be picked up in person by:	Name: _____	Date: _____
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Please return this form to the appropriate Responsible Officer listed below (and allow 5 business days for processing):

<p>Scholars and Students (not paid)</p> <p>Tara Evans, Alternate Responsible Officer International Student Services University at Albany, SL G-40 Albany, NY 12222 Fax: 518-591-8171 tevans3@albany.edu</p>	<p>For Exchange Visitors paid by Research Foundation funds</p> <p>Cheryl Yagelski, Alternate Responsible Officer Sponsored Funds Personnel, SUNY Research Foundation University at Albany, MSC 326 Albany, NY 12222 Fax: 518-437-4504 cyagelski@albany.edu</p>	<p>For Exchange Visitors paid by State funds</p> <p>Kate Thies, Alternate Responsible Officer Office of Human Resources Management University at Albany, UAB 300 Albany, NY 12222 Fax: 518-437-3831 kthies@albany.edu</p>
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