



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 (on DS-2019): _____

Number of J-2 dependents in the U.S. _____ For dependents who need a new J-2 visa, please complete the Dependent Request Form

Current J-1 Program Category – please check one (no extensions permitted for Short-term Scholars)

Professor or Research Scholar (maximum duration is 5 years) Student (Degree Program) (valid for duration of study) Student (Non-degree) (maximum duration is 24 months)

Original program start date: _____ Current program end date: _____

New requested end date: _____ Total program duration: _____

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 to cover tuition and fees (if applicable) and 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.).

State Payroll Funding and RF Funding requires a signature here:

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|-----------------------------|--|----------|-----------------------|--|
| University at Albany | State Payroll | Acct #: | Amount: | |
| | Research Foundation | Grant #: | Amount: | |
| | Endowment/Grant | Name: | Amount: | |
| Direct Funding | U.S. Government Agency | | Amount: | |
| | International Organization | Name: | Amount: | |
| | Exchange Visitor's Government | | Amount: | |
| | Binational Commission of Visitor's Country | | Amount: | |
| Personal Funds | Other Organization | Name: | Amount: | |
| | Source of Personal Funds: | | Amount: | |
| | | | Total Funding: | |

Please be advised that there is a \$75 scholar extension fee and \$25 per dependent (to be paid by the scholar prior to issuance of a new DS-2019 visa document). Please speak to the Health Insurance Coordinator to pay this fee. This fee must be paid by credit card, no cash or check will be accepted. You must also extend your health insurance coverage for yourself and any dependents. A minimum of 6 months of insurance must be purchased.

Approvals

Name of Host Faculty or Staff Requesting DS-2019 _____ Signature _____ Date _____

Name of Approving Department Chair, Dean, or VP _____ Signature _____ Date _____

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:

On Campus Mail to: Name: _____ Department: _____ Building: _____

The DS-2019 form will be picked up in person by: _____

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| <p>Please return this form to: Tara Evans International Student and Scholar Services University at Albany, SL G-40 Please allow 5-7 business days for processing</p> | <p>Disclaimer: <i>The information contained in this form is provided as a service to international students, faculty, and staff at the University at Albany. It does not constitute legal advice. We try to provide useful information, but we make no claims, promises, or guarantees about the accuracy, completeness or adequacy of the information contained in or linked to any associated site or form. Neither the University at Albany nor ISSS is responsible for any errors or omissions contained in this form, or for the results obtained from the use of this information. Nothing provided herein should be used as a substitute for the advice of competent legal counsel; students may wish to consult an immigration attorney on the specifics of their case as needed.</i></p> |
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