



DS-2019 EXTENSION REQUEST FORM

J-1 EXCHANGE VISITORS: PROFESSORS & RESEARCH SCHOLARS

This form is used to request an extension of Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) status.

As of November 17th, 2006 the U.S. Department of State established a fixed 5-year eligibility window during which a J Exchange Visitor (EV) in the Professor or Research Scholar category may participate. The 5-year period is not an aggregate of five years but a continuous period given to a participant on a “use or lose” basis. The 5-year period begins on the DS-2019 program begin date identified in SEVIS at the time the SEVIS record is validated. An extension within the 5 year window for the Professor and Research Scholar categories is allowed provided the extension is within the 5 year window. To request an extension, this form must be submitted to the International Student and Scholar Services (ISS) **at least 2 weeks prior to the current program end-date** noted on the EV’s DS-2019. Please note that an extension is no longer possible after the current DS-2019 expires.

EXCHANGE VISITOR INFORMATION

DePaul ID #: _____ Date of Birth: _____
Month/Day/Year

Last Name: _____ Given Name(s): _____

PROGRAM INFORMATION

Program extension requested until: _____
Month/Day/Year

FUNDING INFORMATION

Please list all sources of financial support in U.S. dollars for the entire proposed/extended period of stay, and provide copies of all non-DPU financial support (e.g. scholarship/grant letters; checking/savings bank statements, etc.). The required minimum financial support is \$1,850 per month for the EV, \$500 per month for first dependent, and \$400 per month for each additional dependent.

<input type="checkbox"/> DePaul University	\$ _____	<input type="checkbox"/> Personal Funds	\$ _____
<input type="checkbox"/> * Other	\$ _____	<input type="checkbox"/> *Int’l Organization	\$ _____
<input type="checkbox"/> * U.S. Government Agency	\$ _____	<input type="checkbox"/> *Scholar’s Government	\$ _____

* Specify Source: _____

Our department has received funding for international exchange from a U.S. Government Agency to support this exchange visitor.

No Yes [If yes, please indicate the Agency name(s)]: _____

DEPARTMENTAL APPROVAL

By signing this form, I certify that the Exchange Visitor is not a candidate for a tenure track position, any DePaul University funds listed will be paid by my department, and the information contained on this request form is accurate.

I also certify that the above mentioned Exchange Visitor is participating in the activities as stated in item #4 on their DS-2019 form, and that they are in good standing with the sponsoring department showing in item #1 of their DS-2019 form (their primary site of activity at DePaul).

I have read the U.S. State Department’s health insurance requirements for J-1 Exchange Visitors and I understand that it is the responsibility of the host department to ensure that the Exchange Visitor mentioned above (and any J-2 dependents) has adequate medical insurance coverage for the duration of his/her J status.

Dean or Department Chair (please print name)	Signature	Date
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Exchange Visitor Professor/Research Scholar (please print name)	Signature	Date
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