



**OFFICE FOR INTERNATIONAL STUDENTS & SCHOLARS**

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**DS-2019 Extension Request Form for Visiting Scholars**

Today's Date: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ First/Given Name: \_\_\_\_\_

UD ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_ Foreign Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Status (check one):      Research Scholar \_\_\_\_\_ Short-Term Scholar \_\_\_\_\_ (6 month maximum program stay)

Department: \_\_\_\_\_

Extension Program End Date (mm/dd/yyyy) : \_\_\_\_\_

Funding: (UD, government, personal, etc.) \_\_\_\_\_

Who will be paying the International Service Fee?

- Department will pay (attach department authorization)
- Scholar will pay (attach fee in the form of cash or money order)

\*\* If you are funded by your department or any governmental institution, you must provide a letter stating the amount of funding you will receive for the duration of the extension. As this amount appears on the DS-2019 form, the DS-2019 will not be prepared until the Office for International Students & Scholars (OISS) has received the information. If you are not funded, a personal bank statement is required. You need to show \$10,000 for yourself and \$3000 for each dependent.

**Dependent/s Information (use reverse for additional information):**

Family Name:	Given Name:	Date of Birth (mm/dd/yyyy)	City & Country of Birth:	Citizenship:	Gender	Relationship:

**\*\*I certify that I have medical insurance coverage for myself and My Dependents\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_