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 or Professor ______ Short-Term Scholar ______ (6 month max. program)

Department: ____________________

Extension Program End Date (mm/dd/yyyy): ____________________

Funding: (UD, government, personal, etc.)** ____________________

Who will be paying the $100 International Service Fee?

Department will pay (please use dept. authorization form)
Scholar will pay (please pay in 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. If you are not funded, a personal bank statement is required. Funding can come from any combination of UD, personal/family funds, home government/institution. You must show at least $15,000 for yourself, $5,000 for a J-2 spouse and $3,000 per J-2 child per year.

Please Attach:

- UD Host Department Offer Letter or email with new program end dates and funding (if provided).
- $100 Intl’l Service Fee (Paid in cash or money order by the scholar or by the department authorization fee)
- Funding Letter (if not UD)
- Export Control Form signed by the Research Office (If the scholar does not previously have one on file OR if the scholar’s source of funding or research will change)

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

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Given Name:</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>City &amp; Country of Birth:</th>
<th>Citizenship:</th>
<th>Gender</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I certify that I have medical insurance coverage that meets the J visa requirements for myself and my dependents **

Signature: ____________________ Date: ____________________