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 $160 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).

$160 Int’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):

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<th>Family Name</th>
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<th>Date of Birth (mm/dd/yyyy)</th>
<th>City &amp; Country of Birth</th>
<th>Citizenship</th>
<th>Gender</th>
<th>Relationship</th>
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**I certify that I have medical insurance coverage that meets the J visa requirements for myself and my dependents **

Signature: ___________________________ Date: ___________________________