DS-2019 Extension Request Form for Visiting Scholars

The information provided in this form will be used by OISS to request immigration benefits from the U.S. Department of State. Misrepresenting the truth or providing inaccurate information could result in the denial of the J-1 visa. Misrepresenting the truth could also result in fines for the University of Delaware.

DIRECTIONS: Visiting Scholars should complete the document after discussing options for extending the program with their host departments. Please include a new UD OFFER LETTER stating the specific terms and new program dates of the appointment. The information provided will be used to generate a new form DS-2019, which the scholar will be able to pick up at OISS.

Requirement to inform OISS of changes: The information provided to OISS about the position must be kept up to date. OISS needs to know if anything about the position changes, including funding, job duties, or site(s) of activity. Failure to inform OISS of changes could result in fines for the University and violation of immigration regulations for the Exchange Visitor (EV).

Specifically:

1. Report any changes in site(s) of activity: An EV is only allowed to work in the position approved and in the site(s) of activity indicated on the DS-2019 request. An EV cannot work in a different position or undertake any other activities, unless pre-authorized and approved by OISS.
2. Report any changes in research or employment: (job duties, salary, and geographic location): You are required to notify OISS of any such changes before they occur.
3. Report any changes in program dates: Notify OISS if you leave your program 15 days or more before your end date.
4. Report any changes in funding: If payment from the University of Delaware or other sources needs to be added or removed from the DS-2019 form, contact OISS before the changes occur. Funding information must be reported in the SEVIS system.
5. Report any changes in local US mailing address: If you move, you are required to notify OISS within 10 days and submit your new mailing address. This information must be reported in the SEVIS system.
6. Request a travel signature BEFORE you leave the country: Come to OISS with your DS-2019 at least two weeks before your planned travel date.

IMPORTANT: Exchange visitors under the Professor, Research Scholar, Short-Term Scholar or other university level categories are not permitted to conduct activities or programs in pre-schools, primary and secondary school systems, summer camps, or other local community activities for K-12 students.

By writing my name in the space below, I verify that I have read, understand and will comply with the aforementioned information:

Name of EV:          Date:
** 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.

** Exchange visitors under the Professor, Research Scholar or other university level categories are not permitted to conduct activities or programs in pre-schools, primary and secondary school systems, summer camps, or other local community activities for K-12 students.

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>
<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>
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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: ___________________________