



## UNCW J-1 Visiting Scholar DS-2019 Extension Request

You must use **Adobe Reader** to complete this form. This form and the complete J-1 Visiting Scholar guidelines are available at <http://www.uncw.edu/international/iss/j1visiting scholar.html>.

Use this form to request an extension of stay for a J1 scholar currently on UNCW’s visa sponsorship. To determine the maximum length of time allowed per each J-1 scholar category, see the [chart comparing the J-1 Visiting Scholar categories](#) available at UNCW. Return this form and required supporting documents to the [J-1 Scholar Advisor](#).

### 1. Exchange Visitor’s (EV) Biographical Information

|                          |                          |
|--------------------------|--------------------------|
| Family Name (Last Name): | Given Name (First Name): |
| Telephone Number:        | Email:                   |

### 2. Program Information

| Original Program Dates   |   |
|--|---|
| Original Start Date (mm/dd/yyyy):                                    | Original End Date (mm/dd/yyyy):   |
| Extension Request  |   |
| *Updated End Date (mm/dd/yyyy):                                      | Total length of EV Program Including the Extension (Including Partial Months) |
| *The EV may leave the U.S. up to 30 days after the program end date. |   |
| Site of Program and Summary of Activities                            |   |
| Site of Program (e.g. Dobo Hall, Room 101):                          |   |
| Summary of Activities in Which EV Will Participate:                  |   |

### 3. Dependents

|  |
|--|
| ____ * Number of dependents who are accompanying the EV during his/her time in the U.S. (*enter 0 if EV is alone). |
|--|

#### 4. Confirmation of Health Insurance

|   |                                     |   |    |
|---|-------------------------------------|---|----|
| The EV will be accompanied by the following family members: |                                     | Monthly Insurance Rates (valid as of _____)*  |    |
|   |                                     | EV will come alone.....<br>EV will bring his/her spouse.....<br>EV will bring his/her spouse AND children.....<br>EV will bring his/her children but will NOT bring his/her spouse.....                                       |    |
| Previous Insurance End Date (est.)                          | Length of Insurance Extension (mos) | Estimated Cost of Health Insurance for EV and Family Members – Extension Only:  |    |
| Health insurance costs will be paid by the:                 |                                     | The EV has obtained permission to use his/her own health insurance since meets the <a href="#">J-1 visa insurance requirements</a> and it is superior to the <a href="#">insurance available through UNCW</a> (this is rare): |    |
| Exchange Visitor  | Sponsoring Department               | Yes   | No |

\*Health insurance rates increase on August 1<sup>st</sup>. The EV's program must begin before August 1 to purchase UNCW health insurance before the rate increase.

#### 5. Proof of Financial Support for Duration of Extension

Attach documentation of all funding listed below. Be sure to list non-salary payments if items are paid as part of the EV's program (e.g. \$500 health insurance). Funding must total at least \_\_\_\_\_/month. The amount increases by \_\_\_\_\_/month for each EV dependent.

| Type of Funds | Description of Funds | Amount (U.S. Dollars) |
|---------------|----------------------|-----------------------|
|               |                      |                       |
|               |                      |                       |
|               |                      |                       |
|               |                      |                       |
|               |                      |                       |

#### 6. Attachments

|  |          |
|--|----------|
| Indicate all items submitted with this form:   |          |
|  | Optional |
| Proof of EV's Personal Health Insurance (that meets the <a href="#">J1 visa insurance requirements</a> and is superior to the <a href="#">insurance available through UNCW</a> ) |          |
|  | Required |
| Proof of Financial Support   |          |

#### 7. Approvals

|                             |                                |
|-----------------------------|--------------------------------|
| UNCW Supervisor's Approval  |                                |
| Supervisor's Name:          | Supervisor's Signature & Date: |
|                             |                                |
| Department Chair's Approval |                                |
| Chair's Name:               | Chair's Signature & Date:      |
|                             |                                |