



**Office of International Affairs**

**Request Extension of J-1 Program (Form DS-2019)**

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

**SCHOLAR INFORMATION**

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

Gender: \_\_\_\_\_ SEVIS Number N00 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Local address: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Please select a category:**

- Research Scholar   
  Professor   
  Short-term Scholar (Stay cannot exceed 6 months)   
  Non-Degree Student

New Program End Date: \_\_\_\_\_

**Sources of Funding:**

DSU (Departmental Budget, grant, etc.): Specify: \_\_\_\_\_ \$

\* If funded by DSU, has the employing department received funding specifically to promote International Exchange from one or more U.S. government agencies?  Yes  No

Other organizations providing support: Specify: \_\_\_\_\_ \$

Applicant's personal funds: \_\_\_\_\_ \$

**Department Information:**

\_\_\_\_\_ Department Contact Name    Email address    Department    Extension

**Approval Signatures:** (both signatures required)

\_\_\_\_\_ Sponsoring Faculty Member    Signature    Date

\_\_\_\_\_ Department Chair    Signature    Date