Office of International Affairs

Request Extension of J-1 Program (Form DS-2019) This form is used to provide the information necessary to request an Extension of an Existing Visitor Visa (J-1). This form should be completed by the Host Department, approved and signed by the Sponsoring Faculty Member, Chair, and then submitted to the Office of International Affairs at least 30 days prior to the current program end date. If you have any questions about this form please contact Latasha Daniels at ldaniels@desu.edu or (302) 736-2401.

Today’s Date: __________________________

SCHOLAR INFORMATION

<table>
<thead>
<tr>
<th>Family/Last Name:</th>
<th>First Name:</th>
<th>Gender:</th>
<th>SEVIS Number:</th>
</tr>
</thead>
</table>

Date of Birth: ____________ Telephone Number: ___________________________

Email address: __________________________

Local address: ____________________________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Please select a category:

- [ ] Research Scholar
- [ ] Professor
- [ ] Short-term Scholar
- [ ] 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 form 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: __________________________