



# INTERNATIONAL PROGRAMS

## COLORADO STATE UNIVERSITY

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### J-1 SCHOLAR PROGRAM EXTENSION REQUEST FORM

If your DS-2019 is about to expire but you need additional time to complete your program, please submit this packet to ISSS before the expiration date on your current document. You are eligible to apply for an extension of stay if you meet all of the following requirements:

- You are working toward the objective shown on your current DS-2019;
- You can demonstrate adequate financial support for the period of the proposed extension;
- You have adequate health insurance coverage for yourself and your J-2 dependents (if applicable); and
- Your extension will not carry you beyond the maximum duration of stay for your J-1 program category (5 years for a Research Scholar/Professor, 1 year for a Specialist, 6 months for a Short-Term Scholar)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ CSU ID Number: \_\_\_\_\_

J-1 Exchange Visitor Category:    Research Scholar    Short-Term Scholar    Professor    Specialist

End Date on Current DS-2019: \_\_\_\_\_

Requested End Date for New DS-2019: \_\_\_\_\_

Do you have any J-2 dependents?    Yes    No    If yes, how many? \_\_\_\_\_

Are you subject to the 2-year home residency requirement?    Yes    No

    If yes, have you applied for a waiver of this requirement?    Yes    No

    If yes, has this waiver been granted?    Yes    No

#### Checklist of required supporting documents that must accompany this form:

- Letter from academic department requesting the extension
- Completed financial certification form (page 2) along with proof of sufficient financial support
- Signed [health insurance compliance form](#)
- \$50 administrative fee (see page 3 for more information)

**By signing my name to this form, I certify that I have read and understand the information included on this form. The information I have provided on this form is accurate.**

Scholar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# FINANCIAL CERTIFICATION FORM

Before your DS-2019 can be extended, you must provide proof of adequate financial support.

<b>MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS:</b>		
<b>ESTIMATED COSTS:</b>	<b>LIVING EXPENSES PER MONTH</b>	<b>LIVING EXPENSES PER YEAR</b>
Research Scholar/Professor/Short Term Scholar/Specialist	\$1594	\$19,125
<b>ADDITIONAL EXPENSES:</b>		
Spouse	\$503	\$6036
Child	\$440	\$5280

Indicate the source of funding below. All documentation should be dated within the last 6 months.

If these documents are not in English, please provide a translated copy in English.

<b>FUNDING SOURCE</b>	<b>AMOUNT OF FUNDING FOR EXTENSION</b>
<b>CSU Funding</b> Salary amount should be indicated on department's extension request letter	\$ _____ USD
<b>Exchange Visitor's Government</b> Include documentation on official letterhead. Letter must include the full amount being given to the visitor and must include dates of sponsorship.	\$ _____ USD
<b>Other Organization</b> Include documentation on official letterhead. Letter must include the full amount being given to the visitor and must include dates of sponsorship.	\$ _____ USD
<b>Personal Funds</b> Include a bank statement dated within the past 6 months. Statement must include: <ul style="list-style-type: none"> <li>• Name of account holder</li> <li>• Name of bank</li> <li>• Type of currency</li> <li>• Amount of money in the account</li> <li>• If account holder is someone other than exchange visitor, include a letter from the account holder confirming s/he will pay for the visitor's expenses.</li> </ul>	\$ _____ USD
<b>Sabbatical Leave Salary</b> Include documentation on employer letterhead.	\$ _____ USD

# ISSS ADMINISTRATIVE FEE PAYMENT

## Payment Methods:

**Departments:** The \$50 administrative fee may be paid by the host department.

1. Please provide an account number for ISSS to charge the fee through Quali: \_\_\_\_\_

**Scholars:** The \$50 administrative fee may be paid by the scholar one of two ways:

1. By credit card through our [secure online payment system](#) (Choose "ISSS" and then "DS-2019 extension fee.")  
Include copy of receipt with DS-2019 extension request packet.
2. By check made payable to Colorado State University