



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.

MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS:		
ESTIMATED COSTS:	LIVING EXPENSES PER MONTH	LIVING EXPENSES PER YEAR
Research Scholar/Professor/Short Term Scholar/Specialist	\$2000	\$24,000
ADDITIONAL EXPENSES:		
Dependent Spouse/Child	\$792	\$9500
*Dependent expenses cap at \$28,500		

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.

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