J-1 Exchange Visitor (Scholar) Request for Extension of Program Department Head Approval

This information is required by the IPS Office to grant an extension of program for exchange visitors. Please return this form to IPS. We will contact the exchange visitor when the new DS-2019 is ready.

Visiting Scholar Information

Last Name [ ] First Name [ ]

Eligibility for Program Extension

Eligible for Extension of Program If:

• Scholar is working toward the original program objective shown in section 4 of their most recent Form DS-2019.

• Scholar is maintaining their status as a J-1 Exchange Visitor

• Scholar can show adequate funding for themself and any J-2 dependents during the proposed extension (minimum $14,000 per year)

• Scholar and J-2 dependents are currently maintaining and continue to maintain health insurance coverage that meets J visa requirements

I certify that the person for whom I am requesting a J-1 Exchange Visitor (Scholar) Request for Extension of Program is eligible.

Signature of Person Requesting Extension for Scholar ___________________________ Date ___________________________

Department Head Approval (Signature REQUIRED) ___________________________ Date ___________________________

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