

# DEPARTMENT OF INTERNATIONAL SERVICES & PROGRAMS

University of Connecticut ☎ 2110 Hillside Road, Unit 3083; Storrs, CT 06269 ☎ Phone: 860-486-3855 ☎ Fax: 860-486-5800 ☎ Web: www.disp.uconn.edu

## PROGRAM EXTENSION FOR J-1 VISITING SCHOLARS

If you wish to extend your J-1 program period to continue your visiting scholar activity, you must contact the Department of International Services and Programs (DISP) to extend your program **no later than one month before the end date of your DS-2019**.

In order to obtain a program extension, you must show that you have continually maintained your J-1 status. If you fail to extend your DS-2019 in a timely fashion or you do not meet the eligibility requirements to apply for a program extension, you have to apply for reinstatement to J-1 status. In that case, please contact DISP for more information how to apply for a reinstatement.

### How to apply for a program extension

Submit the following to DISP (**at least one month before the DS-2019 expiration date**):

1. Completed J-1 Visiting Scholar Extension Request Form (a sample form attached)
2. Updated sponsor letter or invitation letter from your UConn hosting department: this letter must be on department letterhead signed by your hosting faculty member and contain your position title, salary/stipend (if applicable), and new contract period or hosted period (start date and end date)
3. Updated letter from your sponsor organization with amount of funding and duration of support
4. If you are an non-compensated/self-supported visiting scholar or the funds that you receive from UConn and/or your sponsor organization don't cover the total estimated costs for the requested extended period, you need also to submit the current proof of financial support documents (i.e. a bank statement)

To determine how much you need to show please refer to the chart below.

J-1 Principal Only ♂	J-1 Principal and J-2 Spouse ♂ ♀	J-1 Principal and one J-2 Child ♂ ♀	Married Couple and 2 Children ♂ ♀ ♂ ♀	Each Additional Child ♂
\$1,910/month	\$2,230/month	\$2,760/month	\$3,080/month	\$850/month

The financial support documents for self-supported individuals must meet the following criteria:

- a. Official and original;
  - b. No more than 3 months old;
  - c. Must be in English;
  - d. Must indicate specific fund amount;
  - e. Must be liquid funds (checking and/or savings accounts); and
  - f. If the support funding is from parents or a family member, please attach a bank statement of the sponsor and a letter from him/her stating the willingness to sponsor, amount of funding and the duration of support.
5. Proof of medical/health insurance mandated by the U.S. Department of State regulations which has been valid in your current J-1 program period. Please note that **if you have not had the required insurance, you are not eligible for an extension** as you are considered to have violated your J-1 status.

DISP will then determine your eligibility for a program extension. **If approved**, an International Advisor at DISP will notify SEVIS of your new completion date and issue a new SEVIS Form I-20/DS-2019 with the extended completion date.

# J-1 VISITING SCHOLAR PROGRAM EXTENSION REQUEST FORM

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ UConn ID: \_\_\_\_\_  
Family name First Name

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Local Address: \_\_\_\_\_  
Street and apartment # City State Zip code

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

UConn Email Address \_\_\_\_\_

Personal Email Address \_\_\_\_\_

## PROGRAM INFORMATION:

Department: \_\_\_\_\_

Requested Extended Program Period: From \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Why do you need to extend the program? (check all that apply)

- The contract of my current position has been renewed.
- I need more time to complete my research than length originally expected and the department has agreed.
- I need more time to complete my research due to change/addition in research topic
- I need more time to complete my research due to unexpected research problems
- Other (be specific and explain in detail): \_\_\_\_\_

Will the site of work remain the same for the extended period?  Yes  No

*If no, please provide the new/additional site of work information:*

Name of new/additional site of work: \_\_\_\_\_

Address of the new/additional site of work:

\_\_\_\_\_  
Street and apartment # City State Zip code

Have you applied for a waiver for 212(e) requirement?  Yes  No

## DEPENDENT INFORMATION:

Do you have dependent(s)?  Yes  No

*If yes, please list the information of dependents who also need an extension.*

### **Dependent 1:**

Name: \_\_\_\_\_  
Family name First Name

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Relationship to you: \_\_\_\_\_

### **Dependent 2:**

Name: \_\_\_\_\_  
Family name First Name

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Relationship to you: \_\_\_\_\_

### **Dependent 3:**

Name: \_\_\_\_\_  
Family name First Name

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Relationship to you: \_\_\_\_\_

### **Dependent 4:**

Name: \_\_\_\_\_  
Family name First Name

Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Relationship to you: \_\_\_\_\_

Signature: \_\_\_\_\_

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