



DREXEL UNIVERSITY

## International Students and Scholars Services

Student Affairs

### J-1 EXCHANGE VISITOR Program Extension Request

#### Overview:

J-1 scholars must request and submit all appropriate extension documentation at least one month prior to the program end date noted on their current Form DS-2019.

ISSS will determine the individuals extension eligibility based on the following criteria:

- How long has the scholar already been in the United States?
  - Maximum stay for J-1 Short Term Scholars is six months
  - Maximum stay for J-1 Research Scholars & Professors is five years
- If subject to the 2 year physical home country requirement, has the scholar applied for and been granted a waiver?
- Has the scholar maintained his/her health insurance requirement?
- Has the scholar updated his/her local U.S. address?
- Is the extension based on a continuation of the original research objective/activity

#### Scholar & Program Information

Family Name: \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(As it appears in passport)

SEVIS ID: N \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Current expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) New end date requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

#### For individuals subject to the 2-year home country residence requirement:

Have you received the USCIS approval notice to waive the 2-year home residence requirement or a **Waiver Recommendation Letter** from the U.S. Department of State? ☐ Yes ☐ No

**NOTE: If you have received either of the above for your current DS-2019, U.S. Department of State policy prohibits us from processing an extension.**

#### Financial Support Information:

Exchange Visitors are required to show proof of financial support for the duration of the J-1 program participation. Estimated Living Expenses (per month) are as follows:

- |                          |                |                |
|--------------------------|----------------|----------------|
| <input type="checkbox"/> | <b>Scholar</b> | <b>\$2,000</b> |
| <input type="checkbox"/> | <b>Spouse</b>  | <b>\$600</b>   |
| <input type="checkbox"/> | <b>Child</b>   | <b>\$400</b>   |

**Documents that qualify as proof of financial support:**

- An appointment/award letter in the Exchange Visitor's name from Drexel University, a government agency, international organization, or other sponsor. The award letter should specify the length of sponsorship and the amount of money provided, living expenses, insurance, dependents, and other personal items
- If your appointment/ award will not cover all necessary expenses, you may use private or self-sponsorship for the remainder.
- All financial documents must be current at the time of application in order to be considered valid. Appropriate documents reflecting financial ability include, but are not limited to the following:
  - ☐ Bank statement, stamped or signed by a bank official
  - ☐ Account summary or summary of liquid assets
  - ☐ Affidavit of support, submitted by sponsor & accompanied by financial verification
  - ☐ Scholarship letter from sponsoring organization outlining dates and terms of scholarships
  - ☐ Letter from employer stating earning for period of requested stay

**Exchange Visitor's Acknowledgment:**

By signing below I agree that I have read and understood that:

- I can only engage in activities outlined in the department letter
- I MUST have continued medical insurance that meets the U.S. Department of State requirements.

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_(mm/dd/yy)  
Exchange Visitor's Signature                      Print Name                      Date

**Departmental Acknowledgment:**

By signing this document, the department confirms that the extension of the above mentioned J-1 Exchange Visitor is for the sole purpose of the continuation of the original program objective, as stated in the original offer letter.

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Drexel Supervisor's Signature                      Print Name                      Date (mm/dd/yyyy)

\_\_\_\_\_  
E-mail:                      Telephone                      Fax

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Dean's Signature                      Print Name                      Date (mm/dd/yyyy)

\_\_\_\_\_  
E-mail:                      Telephone                      Fax

**ISSS USE ONLY**

☐ Approved                      ☐ Denied, Reason for denial \_\_\_\_\_

Initials (RO/ARO) \_\_\_\_\_ SEVIS Processing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)