

Request Form for Issuance of Form DS-2019, Extension

This form should be completed by the WSU academic host department contact person. Please complete this request form completely and accurately to insure timely issuance of form DS-2019.

There is a \$150 service charge (SC) for processing this request . You will receive an IRI upon processing.

Section 1. WSU Academic Host Department Information

Department:

Department Chair:

Department Chair Email:

Department Contact Person:

Department Contact Phone #: E-mail:

Section 2. Scholar's Information (Name exactly as in their passport)

Surname / Family Name(s):

Given Name(s):

Has the Scholar's name changed since the last request?
 Yes No

Has the Scholar's citizenship or permanent residency changed? If yes, please update below?
 Yes No

New Country of Citizenship:

New Legal Permanent Residence Country:

Current Local Address:

Scholar's E-mail:

Section 3. Information about the Scholar's Appointment at WSU

Indicate new program end date (mm/dd/yyyy):

Has the scholar's activity changed since the last request?
 Yes No

If Yes, please describe the new activity:

Has the source of funding changed?
 Yes No

How will the Scholar fund the additional period?
 WSU Host Department
 Department Funding Amount: (per month)

Non WSU source (home government or university)
 Non WSU Funding Amount: (per month)
 Non WSU Funding Source:

The funding minimum/s (expressed per month) are:

<i>Scholar</i>	<i>Spouse</i>	<i>Child</i>	<i>Each additional child</i>
<i>\$1520</i>	<i>\$850</i>	<i>\$475</i>	<i>\$350</i>

Has the financial sponsor received funding from 1 or more U.S. government sources specifically for the purpose of international exchange?

Yes No

Will there be any NEW sites of activity?

Yes No

If yes, please indicate the new/additional site:

Section 4. Other Information

Will your department provide the required medical insurance?

Yes No

Will your department provide the required medical evacuation and repatriation insurance?

Yes No

Will the scholar be accompanied by any NEW dependent family members during the extension period?

Yes No

Will any current dependents need to be removed from the Scholar's record at this time? (if applicable):

Yes No

Final Steps: e-mail all required documents below to ip.scholars@wsu.edu An English translation must accompany any required document that is not in English.

- 1. This completed J-1 scholar extension request form.**
- 2. Evidence of sufficient funding for the requested entire J-1 program period, i.e. host unit appointment letter, PAF, 3rd party organization confirmation letter, or personal bank statement, whichever applies.**
- 3. Evidence of sufficient health insurance (including medical, evacuation and repatriation) coverage for the entire requested extension period for the J-1 scholar and any accompanying J-2 family dependent(s).**