



J Scholar Extension Request

To be completed by the J-1 Scholar:

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yy): _____ SEVIS ID#: N_____

Address: _____

Email: _____ Date of first entry on J-1: _____

Number of Dependents in the US with you (if any): _____

Signature: _____ Date: _____

To be completed by the Department:

This scholar will continue to do research/teach until _____ (mm/dd/yy)

Funding for this extension will be provided by:

- SCSU Funds: \$ _____
- US Government Agency: \$ _____
- Other Organization: \$ _____
- Personal Funds: \$ _____

Note: Original Financial documents must be attached to verify the above stated funding. Financial documents must have been produced within the last 6 months.

Reason for the extension: _____

I understand that my department will pay for the above scholar's health insurance for the duration of this extension.

Departmental Contact Person: _____ Extension: _____

Signature: _____ Date: _____

Please note that Research Scholars/Professors are permitted to stay in the US for a maximum of 5 years and Short-term Scholars are permitted to stay in the US for a maximum of 6 months.