

J-1 EV DS-2019 Extension Request

An extension of a current exchange visitor’s program must be completed BEFORE the DS-2019 expires. Please submit this form to ISSS at international-office@sjsu or by campus mail at least 15 business days before the end date of the current DS-2019. We will contact the designated departmental liaison once DS-2019(s) is/are ready.

SECTION A. Program Information To be completed by hosting department			
J EV Family/Last Name(s):		J EV Given/First Name(s):	
Host Department:		New Appointment End Date:	
SECTION B. Proof of Financial Support If financial support is not provided by SJSU, then funding (scholarship letter, bank statement, etc.) with specific currency amount, converted to U.S.dollars and translated into English, must be provided by the Exchange Visitor. Include a letter of financial support if sponsored by a third party. If sponsored by personal funds of a friend or family member, the Declaration of Finances form must also be included. Funding documentation must be issued within the past 6 months. Exchange Visitors must provide at least \$2000/month proof of funding for self, \$1000/month for spouse, and \$500/month for each child.			
Funding Source	Amount Per Month	Number of Months	Total Amount
San Jose State University-Salary (for length of visit)			
San Jose State University-Other source (Specify below)			
Exchange Visitor’s Home Country Government (Specify below, e.g. China Scholarship Council)			
Other Organization (Specify below, e.g. home institution)			
Personal Funds (including family funds)			
Total Amount Available for Program			
SECTION C. SJSU Signature Authorization			
Name	Signature	Date	Phone Extension
Sponsoring Faculty:			
Department Host Contact (if any):			
Department Chair:			
College Dean:			

SECTION D. Exchange Visitor Information. To be completed by continuing J-1 EV who is requesting an extension of stay. Submit this form with any attachments to the sponsoring department. Attach a copy of your current I-94 (paper or electronic) record.

Family/Last Name(s):	Given/First Name(s):
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Current Residential Address
Street Number and Name:

City:	State:	Zip Code:
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Telephone Number:	Email:
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Has a labor certification (for permanent residence) ever been filed on your behalf and has it been approved?
 No Yes

Has an immigrant petition (Form I-140) or alien relative (Form I-130) petition for permanent residence ever been filed on your behalf? No Yes

<p>Are you subject to the two-year home residency requirement (212e)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><small>Refer to original DS-2019 consular section and J-1 visa stamp annotation</small></p>	<p>If yes, have you applied for 212e waiver? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><small>If yes provide a copy of the No Objection letter or USCIS I-612 approval notice</small></p>
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SECTION E. J-1 EV Certification

I attest that I understand and agree to following statements to maintain status for myself and any J-2 dependents, otherwise I forfeit my right to remain in the U.S.:

- I must maintain health insurance coverage for myself and any dependents for the full length of my J-1 program.
- If I do not have health insurance I will immediately purchase health insurance that meets the State Department’s standards. I understand that I must submit documentation to ISSS if my insurance changes during my program.
- I will only pursue the program objective stated on my DS-2019.
- I will inform ISSS of any changes to my program including early departure.
- I will report a change of address within 10 days of moving.

Signature:	Date:
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Dependent Information. Complete this section for any family members who will continue J-2 status, including anyone outside the U.S. Notify ISSS if any dependent is no longer in J-2 status. Include I-94 record for each dependent in the U.S.

1. Family/Last Name(s):	Given/First Name(s):
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Date of Birth (mm/dd/yyyy):
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City & Country of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:
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2. Family/Last Name (s):	Given/First Name(s):
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Date of Birth (mm/dd/yyyy):
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City & Country of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:
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