J-1 Exchange Visitor Program Extension Request Form

Please submit this form to the International Student and Scholar Services (ISSS) Office, along with proof of continued financial support and proof of health insurance coverage for the J-1 Exchange Visitor and his/her dependents during the requested extension period. Program extensions can only be authorized for the continuation of the original program objective as noted on the initial J-1 Exchange Visitor Department Request Form.

Extension requests must be processed at least 30 days before the current DS-2019 form expires. The Host Department along with the College Dean must approve the extension first before the paperwork is submitted to the International Student and Scholar Services (ISSS) Office. For questions or concerns, please contact us at 408-924-5920 or international-office@sjsu.edu.

### EXCHANGE VISITOR & PROGRAM INFORMATION

Exchange Visitor (EV) Name: ____________________________________________________________

SEVIS ID#: ____________________________

CURRENT program end date: ____________________________

NEW program end date: ____________________________

Will J-2 dependent remain in the U.S., or depart? □ Yes □ No

If departing, do they plan to return as J-2 during the extension period? □ Yes □ No

**Purpose of Extension:** Please indicate how the extension relates to the original program objective.

### FINANCIAL INFORMATION

What will the Exchange Visitor’s exact source and amount of financial support be while at SJSU?
The total funds available must be adequate to cover the educational, living, insurance, and personal expenses for the period of time the Exchange Visitor will be at San José State University. Minimum costs for room and board, transportation, and personal expenses are $2,000 per month. Official documentation is required of at least this amount of funding for the length of the visit.
Additional funding is required for an accompanying family member ($1,000/month for the spouse; $500/month for each child). Keep in mind that this is a very conservative amount. The Exchange Visitor should understand the high cost of living in the U.S., in particular in the Silicon Valley area.

If funding is provided by SJSU, the invitation letter from the sponsoring department must include detailed financial support information (salary amount, etc.).

If funding is NOT provided by SJSU, the visiting scholar must provide official documentation in English specifying the funding amount in U.S. dollars. Funding docs must be issued within past 6 months.

Please list below the total amount of funding for the length of the scholar’s visit in each of the categories as applicable.

- SJSU – Salary (Total amount for length of visit) $________________
- SJSU – Other source (Specify below) $________________
- U.S. Government Agency (Specify below) $________________
- International Organization (Specify below) $________________
- Exchange Visitor’s Home Country Government $________________
- Other Organization (Specify below) $________________
- Personal Funds (including family funds) $________________
- TOTAL Funds $________________

SJSU DEPARTMENTAL & COLLEGE APPROVAL

Your signature indicates you agree to the SJSU Host Department Responsibilities listed on page 1 of this form.

SJSU Host Faculty Member and Department Contact

Host Department: 
Print Name & Title: 
Email: Phone:
Signature: Date:

One Washington Square, San José, CA 95192-0221
Clark Hall 543 | Tel 408-924-5920 | Fax 408-924-5976
Email international-office@sjsu.edu | Web www.sjsu.edu/isa
SJSU Host Department Contact (if other than above)

Print Name & Title ________________________________________________________________

Email: __________________________________________ Phone: ______________________________

Signature: ___________________________________________ Date: ___________________________

SJSU Host Department Chair

Print Name & Title: ________________________________________________________________

Signature: ___________________________________________ Date: ___________________________

SJSU Sponsoring College Dean

Print Name & Title: ________________________________________________________________

Signature: ___________________________________________ Date: ___________________________

For ISSS staff:

Other documents received:
- Updated financial documentation
- Statement for extension
- Health Insurance

Comments/Notes:

SEVIS Extension: _________________

Department Notification: