

# J-1 STUDENT DS 2019 EXTENSION REQUEST

**MICHIGAN STATE**  
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS  
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- ✓ Initial review time for J-1 Student extension requests is 10-15 business days.
- ✓ Extension requests **MUST** be received a minimum of two weeks prior to the current program expiration date.
- ✓ If you have J-2 dependents in the U.S., their DS-2019 forms will be automatically extended. If your dependent(s) intend to permanently leave the U.S. and end their J-2 status prior to your departure, you **MUST** inform OISS about it.

## DEFINITIONS OF STUDENT CATEGORIES:

- **STUDENT (DOCTORATE, MASTERS, BACHELORS)** –  
An individual who is pursuing a full course of study leading to the award of an MSU degree.
- **NON-DEGREE STUDENT-**  
An individual who is pursuing a full course of study in accordance with a written MSU exchange agreement OR is registered for at least 1 credit and engaged in 18 hours of academic activities.

## SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- PROOF OF FUNDS (see below)
- PROGRAM PLAN (for non-degree students ONLY)
- EXTENSION REQUEST LETTER FROM HOST DEPARTMENT (for degree-seeking students ONLY - see bottom of p. 2 for detail)

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the 'Certification by Translator' found below.

The following example must be reproduced on a separate document:

### **Certification by Translator**

I [typed name], certify that I am fluent (conversant) in the English and \_\_\_\_\_ languages, and that the above/attached document is an accurate translation of the document attached entitled \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed Name \_\_\_\_\_

Address \_\_\_\_\_

## **FUNDING REQUIREMENTS FOR 2017-2018:**

| MINIMUM FUNDING REQUIREMENTS FOR ISSUANCE OF DS-2019 |                        |                |                 |           |          |  |
|--|------------------------|----------------|-----------------|-----------|----------|--|
| <i>** Amounts listed may change</i>                  |                        | Tuition & fees | Living expenses | Insurance | TOTAL    |  |
| <b>UNDERGRADUATE</b>                                 | Fr./Soph.              | \$39,762       | \$15,610        | \$2,172   | \$57,544 |  |
|  | Jr./Sr.                | \$40,998       | \$15,610        | \$2,172   | \$58,780 |  |
| <b>MASTERS</b>                                       | (does not include MBA) | \$25,884       | \$16,046        | \$2,172   | \$44,102 |  |
| <b>PHD</b>   | (w/ assistantship)     | \$25,884       | \$16,046        | \$2,172   | \$44,102 |  |
|  | (w/o assistantship)    | \$17,318       | \$16,046        | \$2,172   | \$35,536 |  |
| <b>NON-DEGREE (LIFELONG ED)</b>                      |                        |                |                 |           |          |  |
| Undergraduate (12 cr) 1 semester                     |                        | \$11,172       | \$7,805         | \$1,086   | \$20,063 |  |
| Undergraduate (12 cr) 2 semesters                    |                        | \$22,344       | \$15,610        | \$2,172   | \$40,126 |  |
| Graduate (9cr) 1 semester                            |                        | \$8,379        | \$8,023         | \$1,086   | \$17,488 |  |
| Graduate (9 cr) 2 semesters                          |                        | \$16,758       | \$16,046        | \$2,172   | \$34,976 |  |

## **ADDITIONAL EXPENSES FOR DEPENDENTS:**

|                       |                                   |
|-----------------------|-----------------------------------|
| Spouse (wife/husband) | \$5,000 per year                  |
| Children              | \$3,000 per year (for each child) |

## INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance **at all times**. All MSU international students are automatically enrolled in the Blue Care Network insurance. When students register for classes, the insurance premium costs are added to their Student Accounts along with their tuition bills. Students may qualify for a refund of the Blue Care Network premium if their own insurance policy meets both MSU waiver criteria and J visa requirements. For more information about MSU waiver criteria, please visit: <http://oiss.isp.msu.edu/students/health/>.

**THIS SECTION TO BE COMPLETED BY THE ACADEMIC/HOST DEPARTMENT:**

|   |   |                |
|---|---|----------------|
| <b>J-1 STUDENT'S INFORMATION - Name must be exactly as it appears on the Passport</b> |   |                |
| Surname:  |   | Given Name(s): |
| PID #: A  |   | SEVIS ID #: N  |
| <input type="checkbox"/> Male <input type="checkbox"/> Female                         | Date of Birth: ___/___/___ (mm/dd/yyyy) |                |
| U.S. Residential Address:   |   | E-mail:        |
|   |   | Cell Phone:    |

|   |
|---|
| <b>WAIVER:</b>  |
| Has applicant received a waiver of the 2-year home residency requirement? (check the appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>**Consult with the student. The waiver process is complex and expensive. If they have applied, they will be well aware of this fact.</b> |

|  |
|--|
| <b>CATEGORY OF VISITOR WHILE AT MSU:</b>   |
| <input type="checkbox"/> Non-Degree Undergrad <input type="checkbox"/> Non-Degree Grad <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral |
| <b>PERIOD COVERED BY THIS FORM: Begin Date:</b> ___/___/___ <b>to End Date:</b> ___/___/___  |

|   |   |   |
|---|---|---|
| <b>Academic Advisor or Department Head/Dean/Chairperson must approve this request and sign below.</b> |   |   |
| <b>Signature:</b> _____<br>(Academic Advisor/ Head/Dean/Chairperson)                                  | <b>Person to contact when DS-2019 is ready:</b> | Please submit this request to OISS in a manila envelope, with the label of " <b>J-1 Request</b> " OR by email to <a href="mailto:jvisas@msu.edu">jvisas@msu.edu</a> .<br><br>Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824<br><br>If you have additional questions about this process please email: <a href="mailto:jvisas@msu.edu">jvisas@msu.edu</a> . |
| <b>Typed Name:</b>  | <b>Name:</b>                                    |   |
| <b>Title:</b>   | <b>E-mail:</b>                                  |   |
| <b>Phone:</b>   | <b>Phone:</b>                                   |   |
| <b>Date:</b> ___/___/___  |   |   |

**IMPORTANT NOTE:**

Extension request letter from host department is required for degree-seeking students only if requested extension period causes the total program length to exceed:

5 years for Bachelor's degree      4 years for Master's degree      8 years for PhD degree

## J-1 Non-Degree Student Program Plan

**PLEASE NOTE:** This form should only be used to outline the program plan for J-1 Non-Degree Students who will *not* enroll for a full-time course load in every semester of the program. For students who will follow a non-traditional student program plan, please fill out one form for each semester of the program. **Total engagement must be a minimum of 18 hours per week.**

### STUDENT INFORMATION:

|  |   |
|--|---|
| Surname:   | Given Name:   |
| PID #: A   | This program plan is for semester ____ of ____ total semesters. |
| Semester: <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____ <input type="checkbox"/> Summer ____ |   |

### TYPE OF ENGAGEMENT (Select as many as apply to this semester):

|   |                   |
|---|-------------------|
| <b>Classroom/Seminar Participation</b>  |                   |
| <i>*Students must enroll in academic courses – Enrollment in independent study or research only courses/credits is not permitted.</i> |                   |
| <b>Hours Per Week:</b> _____  |                   |
| Description of Engagement (name of course or seminar, course number, etc.):   |                   |
|   |                   |
| <b>One-on-One Collaboration</b>   |                   |
| <i>* Collaborators must have a post-graduate degree. Please attach CV or resume.</i>  |                   |
| <b>Hours Per Week:</b> _____  |                   |
| Program Plan Memo completed and attached  |                   |
| Collaborator's Contact Information  |                   |
| Last Name:  | First Name:       |
| E-mail:   | Telephone Number: |
| <b>Independent Research</b>   |                   |
| <i>* Research supervisors must have a post-graduate degree. Please attach CV or resume.</i>   |                   |
| <b>Hours Per Week:</b> _____  |                   |
| Last Name:  | First Name:       |
| E-mail:   | Telephone Number: |
| Research Objectives:  |                   |
|   |                   |