

J-1 SCHOLAR DS-2019 EXTENSION REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oisss@msu.edu | Web: www.oisss.msu.edu

- ✓ **Initial review time for J-1 Scholar extension requests is 10-15 business days.**
- ✓ **Extension requests MUST be received a minimum of 2 weeks prior to the current program expiration date.**
- ✓ **Export Control Worksheet request submitted to Export Control Office**
(Only if not already previously generated for program)

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- EXTENSION MEMO - *Extension memos should be on department letterhead and include new program dates and new funding amount (If applicable).*
- PROOF OF FUNDS

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 _____

Typed Name
Date
Address

MAXIMUM PROGRAM LENGTH:

Short Term Scholar	6 Months
Research Scholar	5 Years
Professor	5 Years

MINIMUM FUNDING REQUIREMENTS FOR J-1 SCHOLARS

** Amounts listed may change	LIVING EXPENSES (Per month)	LIVING EXPENSES (Per year)
SHORT-TERM SCHOLAR	\$1,500	\$18,000
SCHOLAR	\$1,500	\$18,000
PROFESSOR	\$1,500	\$18,000

MINIMUM FUNDING REQUIREMENTS FOR DEPENDENTS

Spouse (wife/husband)	\$5,000 per year
Each child under 21	\$3,000 per year

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the scholar's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. Minimum health insurance requirements for J visa holders are as follows:

- * \$100,000 per sickness/illness
- * \$100,000 per accident/injury
- * \$50,000 for medical evacuation
- * \$25,000 for repatriation
- * Maximum \$500 deductible

Health insurance for MSU employees meets the above requirements. If the scholar is not eligible for MSU employee health insurance, sufficient health insurance may be purchased through the MSU Benefits Office, from the scholar's home country, or through a private health insurance provider in the United States. For additional details, please see www.oisss.msu.edu/health.php.

THIS SECTION TO BE COMPLETED BY THE HOST DEPARTMENT:

J-1 Scholar Information (Name must be exactly as it appears on the passport):

SEVIS ID #: N	PID:
Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___
Country of Citizenship:	Country of legal permanent residence:
U.S. Residential Address:	E-mail:
	Cellphone or home phone number:

WAIVER:

Has applicant received a waiver of the 2-year home residency requirement? Yes No

**Consult with the scholar. The waiver process is complex and expensive. If they have applied, they will be well aware of this fact.*

CATEGORY OF VISITOR WHILE AT MSU: Short Term Scholar Research Scholar Professor

PERIOD COVERED BY THIS FORM: Begin Date: ___/___/___ to End Date: ___/___/___

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT

MSU Department Funds: \$

Health insurance provided by Department? Yes No

Scholar's Government Funds: \$

Other Funds: \$

Source of other funds:

Personal/Family Funds: \$

The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the department Head/Dean/Chairperson/Director must send OISS an email giving approval.

Signature: _____ (Dept Head/Dean/Chairperson) Typed Name: Title: Department: Date: ___/___/___	Person to contact when DS-2019 is ready: Name: E-mail: Phone:	Please submit this request to OISS in a manila envelope, with the label of " J-1 Request " OR by email to jvisas@msu.edu . Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824 If you have additional questions about this process please email: jvisas@msu.edu .
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EXTENSION MEMO TEMPLATE

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Extension Memo Must Be On Department Letterhead

Date Required

Dear **Exchange Visitor's Name (EV)**,

We would like to formally extend your program here at Michigan State University. Your new program dates will be **xx/xx/xx** to **xx/xx/xx**. During this time you will continue working with: **faculty member's name or lab** and engaging in your J-1 program at least **XX** hours per week.

Your program objective of **XXXXXXXXXXXXXXXX** has not yet been completed

- ***Describe research or teaching activities not yet completed.***
- ***Description of activities should be based on the language on the scholar's visa category; see below.***

We will be providing you with **\$XXXX on a monthly or annual basis**. ***If your department will not be providing funding for the EV, please indicate where the funds for their program will be coming from and any other resources you will make available to them e.g. office space or access to the library.***

Healthcare insurance continues to be a mandatory requirement for J-1 and J-2 visa holders: ***if your department will be continuing to provide coverage please indicate this. If otherwise, instruct the EV to ensure the continuation of their own coverage and that if need be, they may utilize OISS for consultation.***

Include any other additional comments or information that you would like to provide.

Sincerely,

Signature Required

Full Name

Title

J-1 Visa Category Descriptions

Short-Term Scholar: short-term scholars can be professors, research scholars, specialists, or persons with similar education or accomplishments coming to the U.S. on a short-term visit for the purpose of lecturing, observing, consulting, training, or demonstrating special skills.

Research Scholar: primarily conducts research, observe, or consult in connection with a research project. The scholar may also teach or lecture.

Professor: primarily teach, lecture, observe, or consult. The professor may also conduct research.