

J 1 STUDENT INTERN DS 2019 EXTENSION REQUEST

MICHIGAN STATE
UNIVERSITY

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

- ✓ **Initial review time for J-1 Student Intern extension requests is 10-15 business days.**
- ✓ **Extension requests MUST be received a minimum of 30 days prior to the current program expiration date.**
- ✓ **Maximum program length for this visa category is 12 months.**

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

STUDENT INTERN EXTENSION

- DS-7002 (Signed by intern and supervisor)
- EXTENSION MEMO - Extension memos should be on department letterhead and include new program dates and new funding amount (If applicable).
- MID-TERM EVALUATION (If program is to exceed 6 months when extended)
- 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 _____
Date _____ Typed Name _____
Address _____

MINIMUM FUNDING REQUIREMENTS FOR J-1 STUDENT INTERNS

<i>** Amounts listed may change</i>	LIVING EXPENSES Per month	LIVING EXPENSES Per year
STUDENT INTERN	\$1,500	\$18,000

FUNDING REQUIREMENTS FOR DEPENDENTS

Spouse (wife/husband)	\$5,000 Per year	\$3,000 x # of children
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 student intern'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 student intern is not eligible for MSU employee health insurance, sufficient health insurance may be purchased through the MSU Benefits Office, from the student intern's home country, or through a private health insurance provider in the United States.

THIS SECTION TO BE COMPLETED BY THE HOST DEPARTMENT:

J-1 Student Intern Information - Name must be exactly as it appears on the Passport

SEVIS ID #: N	
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:
	Cell Phone Number:

WAIVER:

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

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

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

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT

- MSU Department Funds:** \$
Health insurance provided by Department? Yes No
- Student Intern'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: _____ (Head/Dean/Chairperson/Director)	Person to contact when DS-2019 is ready:	Please submit this request to 105 International Center in a manila envelope, with the label of "J-1 Request", and in attention to "J-1 Visa Program". If you have additional questions about this process please email: jvisas@msu.edu . Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824 Phone: 517-353-1720 Fax: 517-355-4657
Typed Name:	Name:	
Title:	E-mail:	
Department:	Phone:	
Dept. Address	Preferred contact method:	
Phone:	<input type="checkbox"/> E-mail <input type="checkbox"/> Phone	
Date: ___/___/___		

EXTENSION MEMO TEMPLATE (For student interns located at MSU)

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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** and you will engage in your J-1 program at least **xx hours/week**.

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

- **Describe internship activities not yet completed.**

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