



# J-1 Exchange Visitor Scholar – Program Extension Form

(Submitted to ISSS by J1 Coordinator)

Extension requests must be submitted to ISSS at least one month before the current DS-2019 end date.

## TO BE COMPLETED BY THE EXCHANGE VISITOR SCHOLAR:

Name: \_\_\_\_\_ AU ID#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Exchange Visitor Category:**  Short-Term Scholar (max. 6 months)  Research Scholar (max. 5 yrs)  
 Professor (max. 5 yrs)  Specialist (max. 1 yr)

**School/Department:**  CAS  KOGOD  SIS  SOC  SPA  WCL

Current Program Begin Date: \_\_\_\_\_ Current Program End Date: \_\_\_\_\_

Transferred from Another J-1 Sponsor? Yes \_\_\_\_ No \_\_\_\_ If Yes, Original Program Begin Date: \_\_\_\_\_

Signature of EV: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY THE J-1 COORDINATOR:

In the space provided, please describe the reasons that justify extending the scholar’s program. You may use the back of this form if you require additional space, and/or attach documentation that supports this request.

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Please check the following boxes showing that the scholar has met the program extension requirements:

- Proof of extended Health Insurance Attached
- Financial Documents Attached
- Reappointment Letter Signed by Dean of Academic Affairs Attached
- Scholar Has Been Engaged In Primary Program Activity
- Scholar Will Continue With Primary Program Activity

Based on the information provided, the scholar’s recommended NEW COMPLETION DATE is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Name of J1 Coordinator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

## TO BE COMPLETED BY ISSS:

Received by (Name of RO/ARO) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed by (Name of RO/ARO) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_