



The hosting/hiring department will use this form to request an extension of the J1 program for paid post-docs, adjunct instructors, experts demonstrating special skills, or unpaid visiting scholars, who are currently at FSU in J1 visa status. A different form is required for J1 student extensions, and departments will use the J1 Visa Request form for those transferring their J1 research, teaching, or specialist program from another institution or changing their status to J1.

Please note that there are time limitations on the research, teaching, intern, and specialist categories of the J1, and the university further restricts the time periods allowed for unpaid student researchers. An extension of the J1 status inside the U.S. does not automatically extend the visa for international travel. Only a U.S. consulate outside the U.S. can extend the J1 visa stamp necessary for re-entry to the U.S. from international travel, but those with an extended DS-2019 form may remain legally inside the U.S. through the new ending date, provided their I-94 does not contain an expiration date (www.cbp.gov/i94).

For all J1 research visits:

- ___ Completed and signed Extension Request Form (both visitor and department's parts)
- ___ Current passport biographical information pages for scholar and all J2 dependents
- ___ Copy of department letter extending the time period of the invitation/offer and including all FSU funding provided and any costs charged.
- ___ Documentation of insurance coverage, for the entire duration of extension period for the visitor and any accompanying family members, which meets or exceeds the requirements listed on page 2 of the initial DS-2019 form.
- ___ Documentation of sufficient funding, in the form of an FSU offer letter, scholarship award letter, sabbatical letter from the home university detailing the salary that will be received, or bank statements. Documentation must be in English, but the currency need not be indicated in U.S. dollars. Funds available for the requested period of stay must meet minimum living expense requirements noted in the request form below. The DS-2019 cannot be issued if these funding levels are not met. A combination of sources can be used to meet the minimum requirements.

Additional documentation required for graduate student, post-doctoral researcher, or senior faculty research visits not funded by FSU:

- ___ Documentation of the visitor's approved leave from their home institution for the extension period (can also include funding information).



PART I:
To be completed by the host department
Please type in or print legibly.

All information contained herein is required for processing your request and providing an accurate immigration record for the visitor; please, be certain all blanks are filled and all questions answered. The program must be reviewed for eligibility for extension prior to processing. Extension should be requested at least one month prior to the expiration of the visitor's current J-1 status. International travel and the J2 dependent employment authorization process may necessitate an earlier extension request.

PROGRAM INFORMATION

Name of visitor:
Surname or family name Given name Middle name(s)

Primary FSU Site of Activity:
Name of Department/School Campus Address Mail Code

Additional sites of activity, if any

* Extension requested to (month, day, year):

Please note that there can be no gaps in the J1 program. The extension assumes continuous collaboration or teaching activities.

* Primary Activity: Teaching Research Other

* Visitor's field of specialization - Please specify (e.g., physics, chemistry, etc.):

* Brief description of activity

* Does this visitor/position meet the definition of postdoctoral researcher as defined at www.opda.fsu.edu/Resources/Informationfor-FSU-Postdoctoral-Administrators-and-PIs Yes No

* Is this person a candidate for tenure-track position? Yes No

FUNDING INFORMATION

Will FSU receive any funds for this program *specifically for the purpose of international educational exchange?* Yes No

Indicate the funding that will be used for the visitor's program in US\$, and the name of the funding source.

Type of funds	Amount per (month, year, etc.)	Name of funding Source
A. FSU Funds	<input type="text"/> per <input type="text"/>	<input type="text"/>
B. US Government Funds**	<input type="text"/> per <input type="text"/>	<input type="text"/>
C. International Organization**	<input type="text"/> per <input type="text"/>	<input type="text"/>
D. Foreign Government**	<input type="text"/> per <input type="text"/>	<input type="text"/>
E. Binational Commission**	<input type="text"/> per <input type="text"/>	<input type="text"/>
F. Personal funds**	<input type="text"/> per <input type="text"/>	<input type="text"/>
G. Other **	<input type="text"/> per <input type="text"/>	<input type="text"/>

Funds available for the requested period of stay must meet minimum living expense requirements. The DS-2019 cannot be issued if these funding levels are not met. A combination of sources can be used to meet the minimum requirements. Please use the following table to determine minimum funding levels necessary. **A Dependent can be either a Spouse or a Child.**

Principal Visitor (PV) alone	PV + 1 Dependent	PV + 2 Dependents	PV + 3 Dependents	PV + 4 Dependents
\$1,860/month	\$2,504/month	\$3,148/month	\$3,793/month	\$4,437/month
\$22,320/year	\$30,048/year	\$37,776/year	\$45,516/year	\$53,244/year



By signing this request, I agree to the following conditions associated with my visitor's J-1 visa status:

- The visitor will be collaborating with or supervised by me during their extended visit. If I am unavailable for an extended time during the extension period, the visitor will be assigned to another FSU faculty host who will be responsible for the visitor. Changes will be reported to Diana Key in the Office of Research.
- The visitor will have no direct patient or client contact in a clinical setting, including but not limited to medical care, therapy of any kind, social work, career counseling, mental health counseling, or elder care. Visitors who hold an MD will require additional documentation as detailed in 22 CFR 62.27(c)(ii).
- The visitor will not engage in any activities in any pre-kindergarten through 12th grade setting of any kind, including but not limited to public schools, private schools, daycares, summer camps, after or before school programs, youth enrichment programs, mentoring programs, etc.
- The visitor will be engaged in research, teaching, or demonstrating specialized skills on the FSU campus only. The Center for Global Engagement will be informed 30 days in advance of any site of activity changes, so that the immigration record can be transferred or the other site can be added to the visitor's immigration record. All visiting scholar protocol at the other U.S. sites must be followed. If the visitor is outside the U.S. for more than one month, the non-U.S. site of activity name and address must be reported, in addition to the anticipated return date.
- If the visitor ends their program earlier than the program extension date requested or can no longer be located, the CGE will be informed.
- The CGE will be informed immediately of any investigations, serious problems, or controversy that could be expected to bring the U.S. Department of State, the Exchange Visitor Program, or FSU's exchange visitor program into notoriety or disrepute, including any potential litigation in which the exchange visitor may be a named party. The CGE is required by federal law to report such incidents to the U.S. State Department within 1 business day.
- The CGE will be informed of any medical emergencies or serious accidents involving the visitor, so that the CGE can report these to the U.S. State Department as required.
- After ending the J1 Research Scholar or Professor category program, the visitor will be unable to use this same category to re-enter the U.S. for a period of two years (this rule cannot be waived and also applies to J2 dependents).
- After ending a Short-term Scholar category program, the visitor may be able to return immediately in the J1 Research Scholar or Professor category at FSU, but not in another Short-term scholar program.
- If the visitor wishes to engage in full-time coursework, they will exit the U.S. to apply for the appropriate student visa.
- The hosting department understands that the visitor's J-1 visa status must be terminated for willful failure to maintain insurance as required by the J visa program, for failing to report an address, email address, or U.S. phone number change within 10 days of the change, for unauthorized employment (such as Uber driving), or for conviction of a crime, including DUI.

Name and Title *(Please Print)*:

Contact Information:

Telephone

E-mail

Signature: _____ Date:

Office Support contact

Name and Title *(Please Print)*:

Contact Information:

Telephone

E-mail



PART II:
To be completed by the Exchange Visitor
Please type in or print legibly.

Please fill in all blanks and answer all questions (marking N/A if not applicable).

PERSONAL INFORMATION

Name as indicated in your passport (Please include a copy of your passport or national identification card):

Male Female
Surname (Family Name) *Given Name* *Middle name(s)*

Date of Birth: EMPLID
(Month, Day, Year)

Current U.S physical home address:

Current U.S. home mailing address (if different from physical address):

Current U.S. phone number: FSU email address:

Residential address in home country:

Dependent email addresses (spouse and all children over 13 years old must have their own email address indicated; children under 13 years old can have a parent's address listed):

Name of dependent:

Dependent email address:

Name of dependent:

Dependent email address:

Name of dependent:

Dependent email address:

Name of dependent:

Dependent email address:

Waiver Information

Have you applied for a waiver of the two-year residence requirement in the past 6 months? No Yes

If yes, when did you submit your application to the U.S. State Department (month, day, year)

From *(Month, Day, Year)*: To *(Month, Day, Year)*:

International Travel

Do you or your J2 dependents plan to travel internationally within the next month? No Yes

If yes, what are your anticipated dates of travel? From: month, day, year to month, day, year

From *(Month, Day, Year)*: To *(Month, Day, Year)*:

J2 Dependent Employment Authorization

No Yes

Do any of your J2 dependents have current employment authorization from USCIS?

If yes, are they currently employed? No Yes

And, what is the expiration date on the Employment Authorization Document?

(Month, Day, Year):



By signing this request, I agree to the following conditions associated with my J-1 visa status:

- I will be conducting my research, teaching, or demonstration of specialized skills at FSU during this extended stay. If I leave the U.S. for more than one month, my J2 dependent family members will also exit the U.S. If I am outside of the U.S. for more than one month, I will inform the CGE of the non-U.S. site of activity name and address and the anticipated date of return, so that my government immigration record can be updated with that information.
- I understand that the J1 status does not allow direct patient or client contact in a clinical setting, including but not limited to medical care, therapy of any kind, social work, career counseling, mental health counseling, or elder care.
- I understand that the J1 status does not allow any activities in any pre-kindergarten through 12th grade setting of any kind, including but not limited to public schools, private schools, daycares, summer camps, after or before school programs, youth enrichment programs, or mentoring programs
- I will inform the CGE at least 30 days in advance of any site of activity changes on the FSU campus or outside of the FSU campus, so that the immigration record can updated as required by federal law. I understand that there may be additional approval required by the new or additional site of activity prior to my arrival there, and I will inquire at least 30 days in advance as to the correct protocol at that institution.
- I will inform the CGE if I end my program earlier than anticipated or if my J2 dependents return home permanently before the program end date, and I will provide documentation of the departure date.
- I will inform the CGE immediately of any investigations, serious problems, or controversy that could be expected to bring the U.S. Department of State, the Exchange Visitor Program, or FSU's exchange visitor program into notoriety or disrepute, including any potential litigation in which I am a named party. The CGE is required by federal law to report such incidents to the U.S. State Department within 1 business day.
- I will inform the CGE of any medical emergencies or serious accidents involving myself or my family, so that the CGE can report these to the U.S. State Department as required.
- I will inform the CGE of any change of U.S. home address, U.S. phone number, or email address within 10 days of the change, or my status must be terminated.
- I will ensure that my and my dependents' insurance coverage is continuously in effect and paid in full throughout my program, or my status must be terminated.
- I understand that I am not authorized for any employment outside of FSU and that FSU employment can consist only of teaching, research, or demonstrating specialized skills in my field of study.
- I understand that my status must be terminated for conviction of a crime, including DUI.

Please sign the statement below: I, *(print name)* have reviewed and understand the attached Fact Sheet, understand all costs associated with my visit to FSU, and am attaching required documentation as indicated on the attached checklist. I further attest that the above and all attached documentation is true, correct, and complete, to the best of my knowledge.

Signature: _____

Date: