



**DS-2019 Request for Extension of Stay or Replacement Form**

*REASON FOR REQUEST*

Extension of Stay  Replacement of Lost Form  Correction to Existing Form

Other (please specify): \_\_\_\_\_

*INFORMATION ABOUT THE INTERNATIONAL SCHOLAR*

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Current US Address: \_\_\_\_\_

city state zip code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Does the scholar plan to travel outside the US before the expiration date of the current DS-2019?  Yes  No

If yes, what is the expected date of departure? \_\_\_\_\_

**\*Attach copies of most recent I-94 (front and back). An extension will not be approved without copies.**

Are the scholar's J-2 dependents in the US?  Yes  No

If yes, please attach *Request of Extension of Stay for J-2 Dependents*

*INFORMATION ABOUT THE APPOINTMENT*

Dates of Extended Appointment: start \_\_\_\_\_ end \_\_\_\_\_

UCI Payroll Position/Title: \_\_\_\_\_

Specific Subject to be Engaged In (i.e., Psychology, Biomedical Engineering): \_\_\_\_\_

Brief Non-Technical Description of Proposed Activity: \_\_\_\_\_

Specific Activity:  Research  Teaching  Other: \_\_\_\_\_

Site of Activity (complete address): \_\_\_\_\_

city state zip code

Name/Title of Host Faculty Member: \_\_\_\_\_

*FINANCIAL SUPPORT INFORMATION FOR THE EXTENSION PERIOD*

Minimum support is \$1,600 per month for J-1 Exchange Visitor; \$500 for J-2 spouse; \$300 for J-2 child. Written verification in US dollars is required for financial support not provided by UCI. Amount must show **TOTAL** provided for dates of appointment.

University of California, Irvine: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

US Government Agency: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Exchange Visitor's Government: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Other (must specify): \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Personal Funds: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**Insurance Requirements:** US government regulations require that anyone in J-1 status (or with dependent status) purchase adequate health insurance as defined by the Department of State. You will receive more information about this requirement from the UCI International Center.

*DEPARTMENT APPROVAL*

Approval signature confirms agreement with following points:

1. The scholar and accompanying dependents have adequate financial support for the duration of the scholar's program, which if UCI salary, is commensurate with the proposed activity.
2. The department has determined that the scholar has English language proficiency adequate for the proposed activity.
3. The department has clarified expectations with the scholar regarding University support, benefits, length of program, and the availability of office/lab space, equipment, computer access, clerical support, and faculty collaboration.
4. Scholar will engage only in activities consistent with the intended program and department will notify the International Center of any changes in the program such as changes in financial support, loss of funding, or change in the supporting department.
5. The department will notify the International Center when the scholar plans to leave the US for more than 30 days while continuing J-1 program.
6. The department will notify the International Center when the scholar leaves UCI or is terminated for any reason.

The request form must be completed and signed before the International Center can issue a DS-2019.

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Department Chair Signature	Name and Title	Date
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Dean's Office Signature (if required)	Name and Title	Date
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**Department Administrative Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Zot Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Attach copy of AP-21 or AP-390A with department chair's signature to verify academic appointment is in progress.**

Requests are completed in order received. Please allow 15 business days for processing.

## Form C Attachment – J-1 & J-2 Visa Holders' Mandatory Insurance Requirement

The US Code of Federal Regulations governing Exchange Visitor Programs (22CFR514.14) require that the Exchange Visitor obtain health, accident, medical evacuation, and repatriation of remains insurance. The insurance policies must cover the Exchange Visitor and all accompanying dependents and must provide the following coverage:

- Medical benefits of at least \$50,000 per accident or illness
- Repatriation of remains in the amount of \$7,500
- Expenses associated with the medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000
- A deductible not to exceed \$500 per accident or illness

The insurance policy must be underwritten by an insurance corporation having an AM Best rating of "A-" or better; an Insurance Solvency International, Ltd. (ISI) rating of "A-" or better; a Standard & Poor's Claims-Paying Ability of "A-" or better; a Weiss Research, Inc. rating of "B+" or better; or such other rating services as the agency may specify. Insurance coverage backed by the full faith and credit of the government of the Exchange Visitor's home country shall be deemed to meet this requirement.

Any Exchange Visitor who willfully refuses to comply with this requirement shall be considered to be in violation of his/her exchange visitor status. The program sponsor is obligated to inform the Department of State of Exchange Visitor's non-compliance.

### Please complete the following certification and return to the International Center:

*I certify that I have read and understand the information above concerning the Department of State's requirement for Exchange Visitors to have insurance. I am in compliance and have obtained the appropriate insurance coverage as indicated above.*

**Last/Family Name:** \_\_\_\_\_ **First/Given Names:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check here if coverage is provided by UCI

**Name of Insurance Company:** \_\_\_\_\_

**Expiration Date of Insurance:** \_\_\_\_\_

**Form C Attachment – Request for Extension of Stay for J-2 Dependents**

*J-1 VISA HOLDER INFORMATION*

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

*J-2 DEPENDENT INFORMATION*

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

