UMKC
International Student Affairs

REQUEST FOR EXTENSION OF DS-2019

INFORMATION & REGULATIONS

All J-1 Exchange Visitor Requests should be completed and sent to the International Student Affairs Office at 5000 Holmes Road. Processing time takes a minimum of 10 working days. Remember that the scholar may need several months to apply for and receive a visa. The requesting host is responsible for providing accurate information and for sending immigration documents to the visitor.

J-1 Exchange Program positions are NOT to be offered as tenure track positions. Careful consideration should be given to the chosen category for the scholar. In most cases, the visitor will be a Research Scholar, but if you are unsure, contact an Exchange Visitor Advisor at the International Student Affairs Office at 816-235-1113.

A new rule published Oct. 6, 2014, altered the underlying English language proficiency to: "sufficient proficiency in the English language, **as determined by an objective measurement of English language proficiency**, successfully to participate in his or her program **and to function on the day-to-day basis**." [22 C.F.R § 62.11(a)(2)]

Visa documentation sent to a prospective J-1 Exchange Visitor legally binds the requesting host unit to the terms cited.
The U.S. State Department (DOS) requires UMKC's ISAO as sponsor to terminate an exchange visitor's participation in our program if we determine that the exchange visitor and/or any dependent willfully fails to remain in compliance with visa requirements. The U.S. State Department requires each exchange visitor to have insurance coverage in effect for the exchange visitor and his/her dependent spouse and children during the entire program period. At a minimum, DOS specifies that the insurance coverage shall include:

- **Medical benefits of at least U.S. $100,000 per person per accident or illness.**
- **Repatriation of remains in the amount of U.S. $25,000.**
- **Expenses associated with medical evacuation in the amount of U.S. $50,000.**
- **A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. $500 per accident or illness.**

✓ ***I certify that Health Insurance as stated above will be provided to the visiting scholar by UMKC or will be paid by the visiting scholar with personal funds. (If coverage is provided by another insurance carrier, policy terms must be in English.)***

✓ ***I have provided the required copy of the Exchange Visitor's Résumé/Vita and a copy of the offer letter that has been signed by the J-1 applicant. (DS-2019 will not be issued without signed and dated copy of the offer letter.)***

✓ ***I certify that the Exchange Visitor has been abiding by all regulations of their J-1 visa since arrival.***

✓ ***I also certify that the information provided on this request form is accurate to the best of my knowledge.***

Printed Name of Requesting Faculty or Individual	Signature	Department and Phone number

Printed Name of Dept Chair/Head or Partner Institution Designee	Signature	Title

Printed Name of Dean or Partner Institution Designee	Signature	Title

REQUIRED DOCUMENTS

1. **Completed/signed Request form**
2. **Updated, official, and signed UMKC offer letter or Partner Institution offer letter**
3. **Proof of funds (official bank statements, sponsorship letters, scholarship letters, etc.)**
4. **Proof of extended/updated health insurance**

CURRENT PROGRAM DATES: _____ **to** _____
Beginning: Month / Day / Year **Ending: Month / Day / Year**

REQUESTED EXTENSION OF PROGRAM: _____ **to** _____
Beginning: Month / Day / Year **Ending: Month / Day / Year**

REQUEST FOR EXTENSION: **Choose one of the following reasons**

- ☐ Research has not been completed
- ☐ Department request to extend based on other reasons

J-1 VISITOR INFORMATION: *All fields are required.*

NAME of VISITOR: _____
(Family/Last Name) (First Name)

EXCHANGE VISITOR CATEGORY*:* These are the only categories that are authorized to UMKC by the U.S. State Department

◯ Research Scholar ◯ Short-Term Scholar ◉ Professor

DESCRIBE PURPOSE OF VISIT/WORK IF IT HAS CHANGED SINCE ARRIVING:

PROOF OF FUNDS

Funds must be available to cover the ENTIRE period of the Exchange Visitor's Program plus medical insurance costs. Documentation must be submitted with application (official bank statements, scholarship letters, sponsorship letters, etc.)

FEES: $28,700/year plus $8,400/year per dependent spouse OR child(ren). All program fees can be pro-rated.

☐	Host Department or Unit	$_____
☐	U.S. Government agency, provided specifically for international educational or cultural exchange. Government sources also include bi-national ("Fulbright") commissions.	$_____
☐	Exchange visitor's home Government with funds contributed directly to the exchange visitor for use in connection with participation in an Exchange Visitor's Program	$_____
☐	International organization(s) provided specifically for international exchanges. International organizations also include the United Nations. Organization title:	$_____
☐	Any other organization providing support:	$_____
☐	Personal / Family funds	$_____