

Request for J-1 Services

(Including travel signature, extension and request for dependent DS-2019's)

Name: _____

U.S Home Address: _____

Email: _____

Daytime Phone: _____

I certify that all the information on my current Form DS-2019 is true and correct to the best of my knowledge.

I am in compliance with the insurance regulations, including maintaining health insurance coverage for myself and my J-2 dependents.

I will report any change of address to the International Student Center with 10 calendar days.

Signature

Today's Date

Travel Signature

Expected departure date _____ (mm/dd/yy)

Expected return date _____ (mm/dd/yy)

Program Extension

Please note that:

- Research scholars have a 5-year maximum length of stay.
- Short-term scholars have a 6-month maximum.
- The DS-2019 can be extended as early as 90 days prior to the program end date but no later than the program end date listed on the document. If it is past your end date, please speak to an international scholar advisor.

International Student & Scholar Services

104 International Student Center, Kansas State University

Phone: 785.532.6448 Fax: 785.532.6607 Email: iss@ksu.edu www.ksu.edu/iss

Provide the following:

1. Departmental appointment letter indicating the dates of the extension.
 2. Financial Verification. Funding must be provided for the length of the extension requested.
 - If you are paid by Kansas State University, income should be included in the departmental appointment letter.
 - If funds are from any non-personal outside source, a recent letter from the financial sponsor must be presented.
 - If funds are from a personal or family source, a recent bank statement must be presented. This statement must be translated into English. However, the currency need not be converted.
- Request a DS-2019 for Dependents:**
- Please also attach Request for Dependent DS-2019