Request for J-1 Scholar Services

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

Name:	Email:
Local Address:	Phone Number:

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	nature Today's Date	
Please check which service you are requesting:		
Travel Signature:	Expected departure date	(mm/dd/yy)
	Expected return date	(mm/dd/yy)
Program Extension		
Please note that:		
■ R	esearch scholars have a 5-year ma	ximum length of stay.
■ Sł	nort-term scholars have a 6-month	n maximum.
Provide the follov	ving:	
1.Department	al appointment letter indicating th	ne dates of the extension.
2.Financial Ve	rification. Funding must be provid	led for the length of the extension requested.
-	re paid by Kansas State University mental appointment letter.	y, income should be included in the
 If funds 	• •	de source, a recent letter from the financial
presen		arce, a recent bank statement must be lated into English. However, the currency

