

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

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:

- Research scholars have a 5-year maximum length of stay.
- Short-term scholars have a 6-month maximum.

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

KANSAS STATE
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International Student
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