



University at Buffalo
The State University of New York

Office of International Education
Immigration Services

DS-2019 EXTENSION REQUEST FORM
J-1 EXCHANGE VISITOR PROGRAM
(Document must be filled out by the inviting faculty member, not the scholar)

Please type or print clearly. Submit completed form and all other required documentation to Immigration Services, 210 Talbert Hall, North Campus, Attention: MaryJean Zajac.

Scholar's Name _____
Last/Family First Middle

Male ___ Female ___ Date of Birth _____
Month/Day/Year

E-mail address _____ Person # _____
(if applicable)

Do you have J-2 dependents? _____ Yes _____ No (If so, provide information on page 3.)

Current Home Address

UB Department (e.g. Department of Chemistry)

Workplace Address

Requested Ending Date on Extension DS-2019*: _____
Month/Day/Year

***While a Research Scholar/Professor may hold J-1 visa status for up to five years, it is recommended that a DS-2019 be requested for only one year at a time to provide for annual verification of funding.**

Will housing be provided as a benefit (e.g. University Guest Quarters)? Yes ____ No ____

Scholar's Funding Source(s) and Amount(s) (complete all that apply)

_____	State Appointment* (<i>Attach employment letter</i>)	\$ _____
_____	Research Foundation Appointment* (<i>Attach employment letter</i>)	\$ _____
_____	UB Foundation Appointment* (<i>Attach employment letter</i>)	\$ _____
_____	Other Sponsor (<i>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</i>)	
_____	Scholar's Government (<i>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</i>)	\$ _____
_____	Other Organizations Providing Support	\$ _____

	Specify	
_____	Personal Funds (<i>Attach scholar's bank statement showing support in U.S. dollars</i>)	\$ _____
_____	Other _____	\$ _____
	Specify	
	Total amount of funding	\$ _____

* *If the scholar will hold a University appointment, refer to salary schedules provided by the appropriate Human Resource Services office for required salary minimums and maximums.*

* *If the scholar will not hold a University appointment, at least \$13,000 per year must be documented plus \$6,960 additional for the spouse and \$4,500 for each accompanying child. These amounts DO NOT include transportation or mandatory health insurance. Additional monthly amounts of \$83 for the scholar, \$178 for the spouse and \$96 for child/children (2009-10 health insurance rates) must be added to the minimum support level if the scholar must purchase health insurance upon arrival.*

Source of **Mandatory** Health Insurance

Note: J-1 Exchange Visitors are required by the U.S. Department of State and SUNY to obtain and maintain medical insurance coverage for themselves and their family members throughout their stay in the U.S. as J-1 Exchange Visitors.

- _____ Benefit of University appointment
- _____ Scholar will purchase upon arrival from the Student Medical Insurance Office
- _____ Scholar will purchase in home country (**Scholar must present an English translation of the policy for evaluation upon arrival**)

Accompanying Immediate Family Members (Spouse and/or Children)

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

This DS-2019 Request Form MUST BE accompanied by:

- a copy of the scholar's CV
- a copy of the letter of invitation (sample letter available at www.buffalo.edu/intlservices/pdf_files/SampleInvitationLetter.doc)
- a copy of the scholar's and, if applicable, all accompanying dependents' health insurance card(s)

Signatures of BOTH FACULTY AND CHAIR OR DEAN are required.

Faculty Member Requesting DS-2019 Form

Name _____ Title _____

Dept. Address _____ Phone _____

Signature _____ E-mail _____

Approval of Departmental Chair or Dean

Name _____ Title _____

Departmental Address _____ Phone _____

Signature _____ E-mail _____

Upon Completion of DS-2019 Form (**check only one**)

If the J-1 Exchange Visitor is inside the U.S.:

_____ Immigration Services will mail the DS-2019 form by **campus mail** to the faculty member requesting the DS-2019.

Faculty Member's Name _____

Campus Address _____

_____ Immigration Services will call _____ at

Person's Name

_____ **for personal pick up.**

Phone Number

If the J-1 Exchange Visitor is outside the U.S.:

_____ Immigration Services will mail the DS-2019 form by **regular air mail** to the scholar at:

_____ Immigration Services will mail the DS-2019 form by **Express Mail** (*Please include Express Mail envelope and pre-printed mailer*)

Express Mail Service: _____

Account Number: _____

If you have any questions, please call MaryJean Zajac, Immigration Services at 645-2355.

