



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* ( <b>Attach employment letter</b> )	\$ _____
_____	Research Foundation Appointment* ( <b>Attach employment letter</b> )	\$ _____
_____	UB Foundation Appointment* ( <b>Attach employment letter</b> )	\$ _____
_____	Other Sponsor ( <b>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</b> )	
_____	Scholar's Government ( <b>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</b> )	\$ _____
_____	Other Organizations Providing Support	\$ _____
	_____	
	Specify	
_____	Personal Funds ( <b>Attach scholar's bank statement showing support in U.S. dollars</b> )	\$ _____
_____	Other _____	\$ _____
	Specify	
	<b>Total amount of funding \$ _____</b>	

\* ***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 \$91 for the scholar, \$195 for the spouse and \$105 for child/children (2010-11 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 ( <b>Scholar must present an English translation of the policy for evaluation upon arrival</b> )

Accompanying Immediate Family Members (Spouse and/or Children)

NAME:

Last/Family, First/Given

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

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City and Country of Birth/Citizenship

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NAME:

Last/Family, First/Given

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

---

City and Country of Birth/Citizenship

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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

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

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City and Country of Birth/Citizenship

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**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](http://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/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.:

\_\_\_\_\_ UB 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 \_\_\_\_\_

\_\_\_\_\_ UB 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.:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ UB 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.**

11/2010