

REQUEST FOR EXTENSION/AMENDMENT OF SPONSORSHIP AS J-1 EXCHANGE VISITOR

Extension:

- Continue Appointment*
 * Effective November 17, 2006 maximum duration for J-1 Research Scholar is 5-years

Amendment:

- Change in financial support (submit documentation if not funded by UCSF)
 Change in department/faculty sponsor/appointment (see page 2)

INSTRUCTIONS:

1. Submit **TWO MONTHS** or earlier before expiration of current DS-2019
2. All other supporting documents listed on page 2 **MUST** be attached for processing

SCHOLAR:

Surname (Family Name): _____		Given Name: _____	
<i>as it appears in passport</i>		<i>as it appears in passport</i>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____	Have you applied for J-1 2-year home residency waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>mm/dd/yyyy</i>	
Current Residential Address: _____			
Street# and Name	Apt (if any)	City	State Zip Code
Scholar's Phone: _____		Scholar's email: _____	

APPOINTMENT:

UC Appointment Title: _____
Brief non-technical description of scholar's program: _____
Change of worksite: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, new address: _____
Name of faculty sponsor: _____
Date of UCSF appointment extension: from (mm/dd/yyyy): _____ to (mm/dd/yyyy): _____

FINANCIAL SUPPORT:

<i>Documentation of financial support must be verified by host department</i>	US\$ Dollar Amount (for entire appointment period)	Name of Agency or Other Source & UC Grant Number (if applicable)
University of California (include research grants to UC)	US\$	
Exchange Visitor's Government or Government Funded Agencies	US\$	
Personal Funds <i>(please submit original documentation with this form and convert to US\$)</i>	US\$	
Other, please specify	US\$	

AUTHORIZATIONS Print to Sign & Deliver

Department Administrator preparing form:		
Name: _____	Signature: _____	Title: _____
Department: _____	Email: _____	
Phone or Ext. #: _____	Fax: _____	Date: _____
Department Chair Name: _____		
Department Chair Signature: _____		Date: _____

DOCUMENTS TO BE SUBMITTED TO ISSO FOR J-1 EXTENSION

- ISSO Fee Form or personal check:** Fee Form should be completed with speed chart for courier charges. Returned checks will be assessed a fee
- A reappointment letter with the job title, the dates of the extension, and the amount of the funding.** If the source of funding is not from UCSF, the scholar must provide ISSO proof of funding (i.e. personal bank statement, grants award, fellowship). For minimum funding requirement, visit [J-1 Scholar Financial Support page](#)
- If you or your family member(s) have a new passport, please submit a copy of biographical page (with photo & passport number)**

DOCUMENTS TO BE SUBMITTED TO ISSO FOR J-1 AMENDMENT

- Patient contact:** If the scholar holds an MD or DDS (or other clinical degree or licensure) a letter signed by the department chair indicating that the scholar will have no patient contact
- If you or your family member(s) have a new passport, please submit a copy of biographical page (with photo & passport number)**
- A memo** on letterhead from new department faculty. Please use the **Memo Guideline for the memo.**

CHANGE IN DEPARTMENT/FACULTY SPONSOR

A J-1 research scholar can change from one department/faculty professor to another department/faculty professor at UCSF only for the purpose of “completing his/her original program objectives.” If a change to your department would enable the scholar to complete his/her objectives, please produce a memo and complete a (pink) DS-2019 request form according to the following guidelines.

Memo Guideline:

- 1) Request to transfer scholar from the Department/Faculty Professor A to Department/Faculty Sponsor B as of a particular date (cannot be retroactive);
- 2) Identify the scholar's original program objective(s) for his/her J-1 program (to learn techniques XYZ, to conduct research in ..., or develop skills in ..., etc.);
- 3) Explain how scholar started pursuing these objectives in Department A;
- 4) Explain why scholar needs to transfer to Department B (your department) in order to complete these objectives.
- 5) Signed by both current AND new departments' faculty sponsor and chair of the new department.

Reminders for Department Administrators:

- Is health insurance, medical evacuation, and repatriation coverage been confirmed for the scholar and any accompanying family members?
- Has your department chair signed this request form?