



## **EXCHANGE VISITOR REQUEST FORM FOR J-1 VISA STATUS EXTENSION** (To be completed by the current J-1 Exchange Visitor)

**Current J-1 Exchange Visitor (EV):** You may request an extension of your J-1 program up to six (6) months prior to the expiration of your current *DS-2019 Certificate of Eligibility for Exchange Visitors (J-1 Visa) Status*.

**Schedule an appointment with the ISSC.**

**Required Documents:** Provide your original immigration documents and those of your family members in J-2 status.

Must include:

- Valid Passport
- Form I-94 records
- Most recent Form DS 2019
- Proof of Health Insurance
- Funding documentation

**BRING ALL DOCUMENTS TO THE SCHEDULED APPOINTMENT.**

### **INSURANCE NOTIFICATION**

All exchange visitors and their accompanying dependents must have insurance coverage that meets the minimum requirement established by the United States Department of State (USDOS) for the duration of the J Program (even if the EV or dependent(s) exits the U.S.).

#### **Summary of minimum requirements for insurance coverage:**

1. Medical benefits of at least \$100,000 per accident or illness
2. Repatriation of remains in the amount of \$25,000
3. Medical Evacuation back to home country in the amount of \$50,000
4. A deductible not to exceed \$500 per accident or illness

Proof of insurance must be provided to complete the extension. You will also be required to sign a statement certifying that you understand and are in compliance with this requirement. As an exchange visitor, you understand that failure to comply with the USDOS requirements for insurance may result in termination of your J Program activities.

**Exchange Visitor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



**WEBER STATE UNIVERSITY**  
International Student & Scholar Center

**EXCHANGE VISITOR REQUEST FORM FOR J-1 VISA STATUS EXTENSION**

(To be completed by the current Exchange Visitor)

**EXCHANGE VISITOR INFORMATION**

Sponsoring Department: \_\_\_\_\_ Sponsoring Faculty: \_\_\_\_\_

Current Program End Date: \_\_\_\_\_ Requested Program End Date: \_\_\_\_\_

Exchange Visitor Name: \_\_\_\_\_  
(USE PASSPORT NAME) Title Family Name Given/First Name(s) Suffix

SEVIS #: N \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
(MM/DD/YYYY)

City of Birth: \_\_\_\_\_ Province/State/Territory: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence before you entered the U.S.: \_\_\_\_\_

Highest Academic Degree Earned: \_\_\_\_\_ Date conferred: \_\_\_\_\_

Position (occupation or job title) in country of residence before you enter the U.S.: \_\_\_\_\_

Home Country Employer (University if student): \_\_\_\_\_

**Visitor's Addresses**

\*Update with ISSC within 10 days of any change

**Permanent home-country address (not U.S.)**

Street:

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**U.S. home (if available)\***

Street:

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

Apartment or Room #: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Country: **USA**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(To be completed by the Exchange Visitor's Department)

**DEPARTMENT INFORMATION**

Sponsoring Department: \_\_\_\_\_ Sponsoring Faculty: \_\_\_\_\_

Current Program End Date: \_\_\_\_\_ Requested Program End Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**EVIDENCE OF SUFFICIENT FINANCIAL RESOURCES TO PARTICIPATE IN THE J-1 PROGRAM**

**MINIMUM: \$1,500 per month for J-1. \$5, 500 per month for J-2 spouse. \$3000 per month for each J-2 child.**

1. I have funding from my **home country** university, government or employer. (Please select) ☐ Yes ☐ No

If yes, please attach a copy of the funding document, in English, which states the funding period, dated within the last 180 days. Original funding document must be presented at the time of the extension appointment at ISSC.

2. I will provide personal funds. (Please select) ☐ Yes ☐ No

If yes, please attach a letter from your banking institution which certifies the total funds available to you, in English, dated within the last 180 days.

3. Weber State University will provide the necessary funds. (Please select) ☐ Yes ☐ No

**DEPENDENT INFORMATION**

List immediate family members (spouse or child under 21 years of age) who are present in the United States in J-2 status.

**\*\*If any J-2 dependent does not reside with the J-1 at the U.S. address listed for the J-1 Exchange Visitor (for example, J-2 is away in school, employed in another city), on a separate sheet please provide the residential address (es) for each J-2 dependent. \*\***

	Family Member (SPOUSE)	Family Member (CHILD)	Family Member (CHILD)
Name – family			
Name – first			
Name – middle			
Date of birth (MM/DD/YYYY)			
Gender (male or female)			
City, Province of birth			
Country of birth			
Country of citizenship			
Country of residence prior to entering U.S.			
Email address			

I certify that the information provided on this request is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ WSU email: \_\_\_\_\_