

## J-1 Extension Request Form for Visiting Professors and Researchers

This form is used to notify International Student and Scholar Services of the intent to extend a current J-1 Exchange Visitor's program to continue engaging in the research, teaching, or other academic activity in the interest of international educational and cultural exchange as described in the original J-1 request.

### School/Department Information

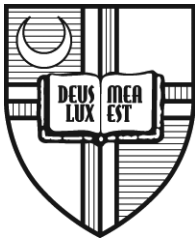
Department Name:	
Department Address:	
Name of Host Professor/Supervisor:	
Email:	
Telephone:	
Fax:	
Administrative Contact Person:	
Email:	
Telephone:	

### Exchange Visitor Information

Exchange Visitor's Name:	
Exchange Visitor's U.S. Home Address:	
Email:	
Phone:	
Does the individual have medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

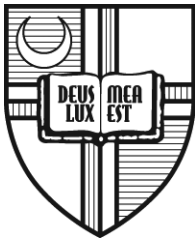
### Position Information

Position Title at CUA:	
New Requested End Date of Program:	
Indicate Amount of Exchange Visitor's Financial Support for this extension:	\$ <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> total
Source of Financial Support:	
Please explain why an extension is needed:	



**The Catholic University of America**  
**International Student & Scholar Services**  
**J-1 Extension Request**

<b>DEPARTMENT/SCHOOL CERTIFICATIONS</b>	<p>In compliance with federal regulations governing the J-1 program, we certify that:</p> <ol style="list-style-type: none"> <li>1. to the best of our knowledge, the information contained in this form is true and accurate;</li> <li>2. the individual's program of research/teaching is consistent with his or her professional background and experience; as the University sponsor of the individual, we further agree that we will:             <ol style="list-style-type: none"> <li>1. provide cultural and educational opportunities for the J-1 and J-2 dependents;</li> <li>2. monitor the individual's progress and welfare, providing any assistance or advice needed to facilitate the successful completion of the program;</li> <li>3. notify ISSS within 24 hours of any serious problem or controversy;</li> <li>4. ensure that the individual obtains health insurance for the duration of his/her program at CUA;</li> <li>5. report any out-of-country activity related to the J-1 program;</li> <li>6. notify ISSS immediately if the J-1 Scholar is delayed;</li> <li>7. ensure the individual attends an orientation session in ISSS upon arrival to finalize his or her legal status in the U.S.</li> <li>8. notify ISSS of any changes in the program, including employment, financial support, etc.;</li> <li>9. notify ISSS when the individual leaves CUA.</li> </ol> </li> </ol>
I have read and agree with the above <b>Signature of Supervisor:</b>	<b>Date:</b>
<b>Signature of Department Chair:</b>	<b>Date:</b>
<b>Signature of Dean:</b>	<b>Date:</b>
<b>Compile Required Attachments:</b>	<input type="checkbox"/> Copy of current passport and admission stamp <input type="checkbox"/> Evidence of financial support to cover costs associated with this extension <input type="checkbox"/> Copy of current medical insurance card
<b>Return form &amp; attachments to: (ISSS will obtain final authorization)</b>	International Student & Scholar Services Pryzbyla – Room 201



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<b>from Provost)</b>	Washington, DC 20064 Tel. 202.319.5618 Fax 202.319.5894
<b>Final Authorization by the Provost:</b>	Date: