

J-1 Exchange Visitor Extension of Stay Request Form

Completed and signed J-1 Exchange Visitor Extension of Stay Request Form must be returned to the Office of International Services before the program expiration date listed on the visitor's DS-2019. ORI must sign off on this form before it can be returned to the Office of International Services.

Please allow at least one (1) week for processing.

UTSA Department Checklist

- Completed and signed J-1 Extension of Stay Request Form
- Copy of scholar's CV/Résumé.
- Copy of scholar's Passport Biographic Data Page.
- Financial supporting documents, if funding provided by the foreign, non-UTSA source.
- Proof of insurance (includes medical, evacuation and repatriation of remains).

Sign and email this form and support documents to [UTSA Office of Research Integrity](#) for certification.

Part I. Visitor and Program Financial Information

TO BE COMPLETED BY UTSA INVITING/SPONSORING DEPARTMENT SUPERVISOR OR FACULTY MEMBER

Exchange Visitor's Last Name: _____ First Name: _____

Middle Name (required if any): _____ UTSA Department: _____

Purpose of extension (Check one): Complete Program (1- to 2-month extension) Continue Program

Research Subject/Field: _____

BRIEF NON-TECHNICAL DESCRIPTION OF ACTIVITY THAT EXCHANGE VISITOR WILL ENGAGE IN DURING REQUESTED EXTENSION OF STAY

(Note: Exchange Visitor regulations limit changes in program and length of stay. Please contact International Scholar Services if there are any planned changes in the visitor's original objective) (Please type in box.)

POSITION TITLE as listed on DS-2019 form (Check one):

- Research Scholar (Research & Teaching, with more research than teaching)
- Professor (Teaching & Research, with more teaching than research)
- Short-term Scholar

PROPOSED END DATE: _____ (Note: A Research Scholar/Professor may not exceed a total of 5 years on a J-visa. Short-term scholar cannot exceed a total of 6 months.)

TOTAL AMOUNT OF FINANCIAL SUPPORT FOR EXTENDED STAY

Total Financial Arrangements per federal regulations must cover the requested period of stay indicated below. The minimum amount of funding must total (\$1,500/month) for the J-1, plus \$500/month for a J-2 spouse and \$300/year for each J-2 child.

SOURCE(S) OF FUNDS (Check one):

Total Amount of UTSA Support: \$ _____ per year OR month

If UTSA support: Will the Exchange Visitor be paid from or work on any grant-funded projects?

If yes, please list the grant account number(s): _____

List all financial sources (names) and total dollar amounts per source below.

Note: You must provide proof of funding. Supporting financial documents must be attached to this request form for all non-UTSA funding. All documents must be in ENGLISH and include U.S. currency. **DS-2019 documents WILL NOT be issued without complete documentation.**

If non-UTSA funded:

Total Non-UTSA funding: Amount: \$ _____ Organization: _____

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Total Non-UTSA funding: Amount: \$ _____ Organization: _____

Total Personal Funding: Amount: \$ _____ **Relationship, check all that apply:** Self Family Other

Total (including all sources): Amount: \$ _____

INSURANCE

Will insurance be provided by UTSA department? Yes No

Note: If UTSA provides health insurance benefits, the Exchange Visitor must purchase separate Evacuation and Repatriation insurance.

REQUIRED SIGNATURES

UTSA Supervisor Name, Title and Signature/Initials:

Printed name: _____ **Signature:** _____

Title: _____ **Initials:** _____ **Date:** _____

Contact name of the person who completed this paperwork, in order to answer any questions regarding the J-1 Extension:

Name: _____ **Email:** _____

Title: _____ **Phone:** _____

Approval of Department Chair, College/School Dean (or Vice President, President, or Executive Vice Provost, as appropriate):

Printed name: _____ **Signature:** _____

Title: _____ **Initials:** _____ **Date:** _____

The UTSA department contact person and Exchange Visitor will be notified by email once the J-1 visa packet is prepared.

Choose delivery method for the packet below:

Department pick up at the Office of International Services front desk

Campus Mail to Department

Part II. Exchange Visitor's Information (If necessary, attach a supplemental sheet.)
TO BE COMPLETED BY UTSA EXCHANGE VISITOR

Exchange Visitor's SEVIS ID number as it appears on DS-2019 Form: NO _____ Exp Date _____

All J-1 Exchange Visitors must maintain their status in accordance with J-1 visa regulations.

Your U.S. local address: _____
House Number or Apt Number _____ Street _____
 _____, TX _____
City _____ ZIP Code _____

Telephone number: _____ Email address: _____

J-2 DEPENDENT INFORMATION

Number of accompanying dependents (spouse, child/ren under the age of 21), who will accompany the J-1 Visitor: _____
 You can add your dependents at any time after you arrive at UTSA. Separate J-2/DS-2019 forms will be issued for each dependent.

Use additional sheets if necessary.

| | DEPENDENT 1 | DEPENDENT 2 | DEPENDENT 3 |
|--------------------------------------|-------------|-------------|-------------|
| Last name | | | |
| First name | | | |
| Middle name | | | |
| Date of birth | | | |
| City of birth | | | |
| Gender | | | |
| Relationship (spouse or child) | | | |
| Country of birth | | | |
| Country of citizenship | | | |
| Country of Legal Permanent Residence | | | |

INSURANCE INFORMATION

Please provide proof of medical insurance, evacuation and repatriation for yourself and family members (if any are in the United States) to meet **J-1 visa regulations listed on page 2 section of your DS-2019 form**. All documents must be in ENGLISH and include U.S. currency.

Name of the insurance provider: _____

Insurance start date: _____ Insurance end date: _____

Part III. Visiting Scholar/Researcher Questionnaire

TO BE COMPLETED BY UTSA INVITING/SPONSORING DEPARTMENT SUPERVISOR OR FACULTY MEMBER. FOR QUESTIONS, PLEASE CONTACT ORI AT 458-4233 OR EMAIL EXPORT@UTSA.EDU.

Yes No **Will any special equipment or items (e.g. chemicals, lasers, laboratory animals, biological agents, human subjects) be needed for the research/scholarship?**
If yes, explain in greater detail below and note if Host does not control the special equipment or items:

*Note: use of such equipment or items is not guaranteed and may require additional training and/or approvals.

Yes No **Is the research/scholarship related to a Sponsored Program at UTSA or elsewhere?**
If yes, provide Project Title, Name of Sponsor, Name of Principal Investigator, and role visitor has or would have on project:

Yes No **Does the research/scholarship include or involve the use of any existing UTSA intellectual property or proprietary or confidential information/data of UTSA?**
If yes, list the intellectual property or proprietary or confidential information/data below and who at UTSA uses/controls it.

Yes No **Will Visitor bring any intellectual property or any proprietary or confidential information/data for use in the research/ scholarship?**
If yes, describe the intellectual property of the information/data and who or what entity owns or control it.

List any expected outcome(s) of the visit (technique learned, publication, final report, etc.):

Part IV. Certification of the UTSA Office of Research Integrity

TO BE COMPLETED BY ORI, PLAZA NORTE BUILDING (PNB) 2.130CC.

UTSA Inviting/Sponsoring department **MUST** send this J- 1 Request Form and all required documentation (Department Checklist) by campus mail to ORI, PNB 2.130CC first. After ORI signs off on the form, return the form and all supporting documentation to OIP International Scholar Services. For questions, please call ORI at 458-4233.

Comments/Recommendations:

Approved "As Is" Approved with Recommendations Denied

Office of Research Integrity: _____ Date: _____

If you have any questions or comments regarding this form please contact International Scholar Services at (210) 458-7266 or email Ashley.Wallace@utsa.edu or Tanya.Orndorff@utsa.edu

**UTSA Faculty Sponsor must sign Incident Reporting
Acknowledgment Form**
(Scholar, Professor, and Student Intern)

U.S. Department of State regulation 22 CFR 62.13(d)

UTSA inviting department must notify International Scholar Services of any incident or allegations of misconduct involving a J-1 Exchange Visitor currently participating in the research program at UTSA.

Examples of reportable incidents or allegations of misconduct include, but are not limited to:

- Medical emergencies (accident, illness, injury)
- Exchange Visitor missing (sudden departure, long absence, has not returned to UTSA as originally planned and agreed)
- Litigation
- Incident involving the criminal justice system (arrest charges, law enforcement, etc.)
- Sexually-related incidents or abuse
- Exchange Visitor death
- Other situations impacting Exchange Visitor safety (natural disasters, civil unrest, outbreaks of violence)

As the faculty host, I understand the above requirement and agree to call International Scholar Services at 458-6571 and email tanya.orndorff@utsa.edu and ashley.wallace@utsa.edu during regular office hours or outside office hours call UTSA Police at 458-4911 to report any incident or allegation of misconduct involving visiting scholar, professor, or student intern. Incident must be reported the same day or the day I became aware of the situation.

J-1 Exchange Visitor Information:

Last Name _____

First Name _____

UTSA Faculty Printed Name _____

UTSA Faculty Title _____

UTSA Faculty Signature _____

Date of Signature _____