

REQUEST FOR THE EXTENSION OF AN EXCHANGE VISITOR (J-1 STATUS)

Instructions: Complete this form, obtain necessary signatures and return to OISS, IC 125.

Name of Exchange Visitor _____

Title of Position _____ Department _____

Extensions may be granted 1) if necessary to complete the specified research or teaching objective as stated on the original form DS-2019, and 2) if the exchange visitor is eligible for an extension. Please consult the J-1 Overview for limitations on the length of time an exchange visitor may remain in the Exchange Visitor Program.

Proposed dates of extension: From: _____ To: _____

Source and amount of funding:

_____ a. University of New Orleans \$ _____

_____ b. Other (please specify) _____ \$ _____

_____ c. If grant-funded, please include expiration date _____

_____ We certify that the requested extension is necessary in order to complete the objectives of the exchange visitor's stay at UNO (REQUIRED).

_____ We have attached a copy of the updated Form 101, and/or original document(s) verifying the source and amount of any funding which is in lieu of or addition to UNO funding (REQUIRED).

Faculty/Staff Sponsor _____ Date _____

Signature _____ Telephone _____ E-mail _____

Approval is granted to extend the stay of the above named exchange visitor.

_____ Date _____

Department Chair's Signature

_____ Date _____

Dean's Signature

For OISS use only:

Pursuant to 22CFR 62 exchange visitor _____ is eligible _____ is not eligible for an extension.

Length of time remaining _____ Subject to 212e _____ 212e waiver granted _____