



J-1 Extension/Amendment Request Form

To apply for an extension or amendment of J-1 status, for any Scholars presently sponsored by UMB, submit the following worksheet to the Office of International Services no later than 30 days prior to the expiration date on the J-1's DS-2019.

If the J-1 will be changing departments within UMB, this request should be completed by the *new* sponsoring department.

Required Documents:

- Completed J-1 Extension/Amendment Request Form, pages 1-3.
- Fully signed [Deemed Export Control Form](#) (if paid by UMB).

Select One:

- School of Dentistry:** Include a letter from the Dean's office indicating approval of the request AND re-appointment letter.
- School of Medicine:** Copy of the Appointment Renewal Letter.
- School of Nursing:** Copy of the re-appointment letter AND approval from the Office of Global Health _____.
(initial)
- All other Schools:** Copy of Re-appointment or renewal letter.

Additional Required Documents if Scholar is not paid by UMB:

- An updated [Visiting Scientist Agreement Extension](#), with ALL REQUIRED SIGNATURES. (Please contact Janet Simons in ORD with any questions.)
- Updated evidence of financial support for J-1 Scholars not on UMB Payroll**, (i.e. recent bank statement, award letter from sponsoring organization, etc.). UMB requires all J-1 Scholars to show at least \$27,600 per year in financial support plus \$7,200 for a spouse and \$6,600 for each child per year for living expenses.

Email completed J-1 extension/amendment requests to Gina Dreyer, gdreyer@umaryland.edu, for processing. **It will take the OIS approximately 10 business days to process extension requests.**

J-1 Exchange Visitor Information (completed by J-1)

Family Name _____ Given Name(s) _____

Date of Birth (month/day/year) _____ Email Address _____

Phone Number: _____

Residential Address _____

Upcoming International Travel

Do you have any international travel plans within the next 3 months? Yes No

Travel Dates: _____

If yes, will you need to apply for a new visa? Yes No

Dependents

Do you have dependents with J-2 DS-2019s? Yes No

If yes, Spouse Child (if multiple children, how many children? _____)

Funding Calculation

J-1 Primary minimum	\$27,600
J-2 Spouse	\$7,200
J-2 Child	\$6,600 (per child)

Total Funding You Need to Show _____

I certify I have health insurance coverage which meets the minimum requirements as defined by the regulation §62.14 for myself and any dependents included in this extension request.

Information on the J-1 Health Insurance Requirement is located at:

<http://www.umaryland.edu/ois/scholars-and-employees/j-1-scholars/>

(Click on "J-1 Health Insurance Requirement")

Scholar Signature _____ Date _____

** In addition to extending your form DS-2019, you may also wish to extend the visa stamp in your Passport. Please note, this is not required for you to remain lawfully in the U.S. Visa stamps only need to be valid when you are entering the U.S.; they do not need to be valid for your entire period of stay in the U.S. Please contact the OIS with any additional questions**

Department and Appointment Information (completed by department)

Department and School _____
(For J-1 Amendments, fill in NEW sponsoring department information)

Administrative Contact Name _____

Phone Number _____ E-mail address _____

Faculty Sponsor's name _____

Location(s) (Address) of Employment _____

Scholar's Appointment Title _____

New Requested End Date _____
If requesting an extension for multiple years, the OIS must see sufficient funding to cover **each year** requested.

Will the J-1 Scholar be paid by UM? No Yes, annual salary: _____

Will the J-1 have any patient contact? No Yes, please describe: _____

Detailed description of research activities (Required for ALL extensions and amendments. If J-1 is changing departments, include a detailed explanation of how the J-1's current research relates to the anticipated research in the **new** department).

Signature _____ Date _____
(Department Chair/Sponsoring Faculty/Department Administrator)