The Office of Global Engagement (OGE) recommends submission of request for J-1 program extension within 30 days before the expiration date on the DS-2019.

The extension periods are as follows:
  o J-1 Research Scholar and Professor categories may request an extension for a total of five years from the beginning date of the first DS-2019.
  o Short-term scholars may receive up to six months on their J-1 program only.
  o J-1 students may request extension until their program/degree is complete.
  o J-1 student/scholars may stay in the United States legally 30 days after the expiration of the DS-2019. However the student/scholars cannot be employed or receive money during those 30 days.
  o A program extension cannot be granted to any J-1 student/scholar who has received a waiver of the two-year foreign residence requirement, 212(e).

Extension Procedures: USU DS-2019 Sponsorship:
Bringing the following to the Office of Global Engagement:
  o Letter from the department requesting the extension and providing the anticipated program completion date (see template on back of this form).
  o Verification of finances (choose the one that applies to your situation):
    • Letter from the department stating funding provided from the department (including out-of-state tuition waiver for students).
    • A personal bank statement.
  o Copy of the DS-2019, passport, visa, I-94 card, and dependent information - if applicable.
  o Current registration, account summary and unofficial transcripts (for students only).
  o Proof of required insurance for the extended period.

Extension Procedures: non-USU DS-2019 sponsorship:
  o All other sponsors, including ISEP, must be contacted if the extension is desired. The sponsor will provide new financial verification, if allowed, and send to the applicant.
  o Contact your original DS-2019 sponsor for a program extension.
Office of Global Engagement
Request for Extension of Stay

NOTE: This form (to be completed by department) may be filled in below or a written letter on department letterhead. Please be sure to include the information below.

To: Office of Global Engagement
Date:__________________

From:________________________________________________________________________
(Advisor/Supervising Professor) (Department)

Scholar/Student Name:__________________________________ A
#:___________________

Current Address: ______________________________________ Local Phone:____________

Please explain the reason for the need of Extension:
Possible reasons may include:
- Academic Reason (provide valid academic reason as to why student’s program was not completed in the allotted time)
- Extended funding
- Unexpected Research problems
- Illness (must be accompanied by a doctor’s letter)

Expected date of completion:
________________________________
(Month/Year)

Advisor/Supervising Professor’s Signature:

________________________________

Department Head Signature: ___________________________________________________

Dean Signature:

_________________________________________