The Office of Global Engagement (OGE) recommends submission of request for J-1 program extension within 60 days before the expiration date on the DS-2019.

The extension periods are as follows:
- 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.
- Short-term scholars may receive up to six months on their J-1 program only.
- J-1 students may request extension until their program/degree is complete.
- 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.
- 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:
Bring the following to the OGE:
- Letter from the department requesting the extension and providing the anticipated program completion date (see template on back of this form).
- 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.
- Copy of the DS-2019, passport, visa, I-94 card, and dependent information - if applicable.
- Current registration, account summary and unofficial transcripts (for students only).
- Proof of insurance

Extension Procedures: non-USU DS-2019 sponsorship:
- 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.
- Contact your original DS-2019 sponsor for a program extension.
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:
   ▪ Illness (must be accompanied by a doctor’s letter)
   ▪ Academic Reason (provide valid academic reason as to why student’s program was not completed in the allotted time)
   ▪ Change of Major
   ▪ Unexpected Research problems

Expected date of completion: ____________________________ (Month/Year)

Advisor/Supervising Professor’s Signature: ________________________________

Department Head Signature: ________________________________________

Dean Signature: ________________________________________________

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