

EXCHANGE VISITOR (J-1) PROGRAM EXTENSION REQUEST FORM

Departments that host J-1 Exchange Visitors should complete this form prior to the Visitor's departure. Please consult with the Visitor to verify EV's eligibility for an extension. If needed, please use additional pages.

Visitor's Name: _____

Visitor's SU ID Number: - . _____

Visitor's SEVIS Number: _____

Expected new date that Program Activities will end: _____

Reason for extension: _____

Describe what, if any, changes are expected in the Visitor's program (attach relevant documentation).

Describe where the funding for extended stay will come from.

Host Department: _____

Visitor's Supervisor: _____

Print Name Signature Date

Visitor: _____

Print Name Signature Date

Please return this form to:

JDE Center For
International Education
1015 Camden Avenue
Salisbury University
Salisbury, MD 21801

For internal use only

- Funding verified
- Health insurance coverage verified
- Otherwise maintenance of status verified _____

RO/ARO: _____

Print Name Signature Date