

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: _____

Visitor: _____

Print Name

Signature

Date

Print Name

Signature

Date

Please return this form to:

Agata Liszkowska
SUCIE
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