

Extending Exchange Program

Questions about this form? Contact (701) 231-8052

Faculty Immigration Services

Old Main #201, Dept 2000

(701) 231-8052 (office)

(701) 231-7131 (fax)

As administrators of NDSU's J-1 Exchange Program, Faculty Immigration Services is charged with the responsibility of ensuring that NDSU complies with all federal regulations governing the US State Department's Exchange Visitor Program.

Individuals who hold J-1 non-immigrant status are required by the Department of Homeland Security to extend their stay 30-60 days prior to the expiration date on their immigration document (Form DS-2019).

To request an extension: (1) complete this form (2) obtain the required signatures and (3) schedule an appointment with Faculty Immigration Services at the above number. An extended DS-2019 will be issued upon presentation of this form.

*Note: Changes in activities and/or categories are not allowed after the visitor arrives in the US (ex: changing from Research Scholar to J-1 Student)

Visitor Information			
Last/Surname	First/Given Name		
US Home Address, including Apartment#	City State Zip Code		
US telephone number (example: mobile, etc.)	Visitor's personal e-mail address		
Current Program Dates on DS-2019 Begin	n Date End Date		
Request Extension to (mm/dd/yyyy)			
Request Extension to (mm/dd/yyyy)			
Request Extension to (mm/dd/yyyy) Detailed reason for requesting an extension			
	nent		
Detailed reason for requesting an extension			



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Source of Funding	Gross Amount per month	X number of months	Additional Documentation Required
North Dakota State University (including Host grants)			N/A
Visitor's Home Government, Home Institution or Scholarship			Extended Funding Award Notice (with an English translation) specifying period of time and amount of funding
Personal			Salary statement from employer confirming continued salary payments while abroad. Personal bank statements from a foreign bank account not accepted.
Other			
Exchange Visitor's Signature			Pate
NORTH DAKOTA REGULATION: nours/week for more than 5 mont SUPPLEMENTAL COVERAGE FOR 2 dependents to have health insuration with enrolling in this coverage after the supplemental coverage after the supplemental coverage.	hs. ("Benefits" include mor OR BENEFITTED EMPLOY ance coverage at specific le	e than medical insura EES: Federal regulati	nce.) Contact HR with questions.
HOST Faculty Member		Department Chair/H	lead/Director
Printed Name		Printed Name	
digital) Signature		(digital) Signature	