**J-1 Scholar Program Extension Form**

**J-1 Coordinator’s Request**

Extension requests must be submitted to ISSS at **least one month** before the current DS-2019 end date.

**TO BE COMPLETED BY THE SCHOLAR:**

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>AU ID# __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: _________________________</td>
<td>Phone: __________</td>
</tr>
</tbody>
</table>

**Exchange Visitor Category:**
- [ ] Short-Term Scholar (max. 6 months)
- [ ] Research Scholar (max. 5 yrs)
- [ ] Professor (max. 5 yrs)
- [ ] Specialist (max. 1 yr)

**School/Department:**
- [ ] CAS
- [ ] KOGR0D
- [ ] SIS
- [ ] SOC
- [ ] SPA
- [ ] WCL

**Current Program Begin Date:** _______________  **Current Program End Date:** _______________

**Transferred from Another J-1 Sponsor? Yes____ No____  If Yes, Original Program Begin Date:** _______________

**TO BE COMPLETED BY THE J-1 COORDINATOR:**

In the space provided, please describe the reasons that justify extending the scholar’s program. You may use the back of this form if you require additional space, and/or attach documentation that supports this request.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please check the following boxes showing that the scholar has met the program extension requirements:

- [ ] Financial Documents Attached
- [ ] Reappointment Letter Signed by Dean of Academic Affairs Attached
- [ ] Scholar Has Been Engaged In Primary Program Activity
- [ ] Scholar Will Continue With Primary Program Activity

Based on the information provided, the scholar’s recommended new completion date is:

**PROPOSED COMPLETION DATE:** _____ / _____ / ____

_________________________  ____________________  _________  ________
Name of J-1 Coordinator  Signature  Phone  Date