



**The University Of Kansas
Office of International Programs
Extension/Replacement DS-2019
Research Scholar/Professor**

Exchange Visitor's name _____
(FAMILY NAME IN CAPS) (first) (middle)

Daytime phone _____ Home phone _____ E-Mail: _____

Address in U.S. _____
Street City State Zip

The Form DS-2019 is requested for the purpose of:

1. Extending an on-going program. Please get department's signature at bottom of this form verifying need for extension.

- Current Form DS-2019 expires ____/____/____
mo / day / year
- Extension is requested until ____/____/____
mo / day / year

2. Duplicate of previously issued DS-2019.

3. Amend a previous DS-2019. Please specify the correction _____

4. Permit visitor's immediate family to enter U.S. separately (spouse and unmarried minor children only)

Name	Date of Birth	Place of Birth	Relationship	Nationality
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

5. Reinstatement request

Insurance verification: OIP cannot process this request without proof of insurance. Attach copy of health insurance card(s).

Company _____ Expiration date (if any) ____/____/____ Policy Number _____

Signature of exchange visitor _____ Date _____

FINANCIAL VERIFICATION Please check and complete the following as appropriate. Give the total estimated financial support to be provided to the visitor for the entire period covered by the DS-2019. Attach appropriate verification.

- A. **The University of Kansas:** Full Time position Part time position
Amount of funding: _____ Funds provided by: _____ (dept./school)
Signature of Dept _____ Name _____ Phone _____
- B. **U.S. Government Agency:** (Do not include money received through an U.S. government grant if the funds are not specifically allocated for this individual)
Amount of funding: _____ Source of funding: _____
name of agency
- C. **The Exchange Visitor's government:**
Amount of funding: _____
- D. **The binational Commission of the visitor's country:**
Amount of funding: _____
- E. **All other organizations providing support:**
Amount of funding: _____ Source of funding: _____
name of organization
- F. **Personal Funds:**
Amount of funding: _____

If an extension is requested, please have the department sign below confirming the department supports the extension:

Departmental Signature _____ Position _____

Printed Name _____ Date _____ Phone _____

Please call International Programs (864-6161) to schedule an appointment to meet with Malika Lyon for an extension or replacement.

Maintaining J-1 Research Scholar/Professor Status

HEALTH INSURANCE

Health and accident insurance is REQUIRED by federal law for all J-1 Exchange Visitors and their J-2 dependents during the period of time that an exchange visitor participates in his/her program. An exchange visitor who willfully fails to maintain the insurance coverage shall be subject to termination from the Exchange Visitor program. At a minimum, the insurance coverage shall include:

- *Medical benefits of at least \$50,000 per person per accident or illness;
- *Repatriation of remains in the amount of \$7,500;
- *Expenses associated with medical evacuation in the amount of \$10,000; and
- *A deductible not to exceed \$500 per accident or illness.

TWO YEAR HOME RESIDENCY REQUIREMENT

Some J-1 exchange visitors are subject to this requirement and some are not. Exchange visitors receiving direct funding from the U.S. government or their home government will be subject. There is also a Skills List, established between our government and the exchange visitor's home government. Visitors researching or teaching in a skill area on the list for their country will be subject to the requirement. Those individuals who are subject must return home for two years before they can apply for permanent residence, H or L status in the United States. Waivers of this requirement are few, difficult and time-consuming.

OCCASIONAL LECTURES OR CONSULTATIONS

Occasional lectures and short-term consultations may be permitted if allowed by the sponsoring department. The lectures and consultations MUST be directly related and incidental to the visitor's primary program activity. They also, cannot delay the completion date of the visitor's program. The visitor needs to receive permission in writing PRIOR to commencing the lectures or consultations. See an advisor for procedural details.

CHANGE OF CATEGORY or EMPLOYER/DEPARTMENT

On the initial DS-2019 a program objective/primary program activity is listed in item #4. Deviation from the original program objective is NEXT TO IMPOSSIBLE. Persons wanting to continue as a student should consult with an advisor. Often leaving the country and re-entering as a student is the best option. People can change employers/departments as long as they continue to pursue the original program objective stated in #4 of the DS-2019. If changing employers/sponsors, a new DS-2019 will need to be processed for the transfer.

PROGRAM EXTENSIONS

J-1 Research Scholars and Professors are allowed a maximum stay of five years, assuming J-1 status is maintained. An extension (within the five-year limit) cannot be granted if a waiver of the two year home residency requirement has been received.

TWELVE MONTH BAR

If you spend more than six months in the U.S. in any J-1 category other than short-term scholar, you will not be eligible to return to the U.S. as a J-1 Research Scholar or Professor within the twelve month period following your departure.

TWO YEAR BAR ON REPEAT PARTICIPATION

If the visitor has previously been in the U.S. as a J-1 Professor or Research Scholar, he will not be eligible to return in either of those categories for a period of two years. This does not apply to Short Term Scholars.

DURATION OF STATUS

All J-1 exchange visitors should be admitted to the United States for duration of status – meaning they don't have a specific departure date on their I-94, but rather "D/S". J-1 visitors with "D/S" may stay in the U.S. as long as they are maintaining their J-1 status; however, the time period is not to exceed the maximum time allowed for a J-1 visitor.

EARLY DEPARTURES

Any time an exchange visitor completes his/her program more than 30 days prior to the completion date on the DS-2019, the Office of International Programs at 864-6161 should be notified.

CHANGE OF ADDRESS

Please notify the Office of International Programs at 864-6161 to report any change in address.