

DS-2019 Request for Extension of Stay or Replacement Form. To be completed by UCI Department. **Submit to UCI International Center once form is complete with a photocopy of scholar's (and J-2 dependents if applicable) most RECENT I-94 Record and a copy of AP-21 or AP-PX with department signature to verify academic appointment is in progress.** Please complete the [J-1 Physician's Form](#) if the scholar is an M.D.

SECTION ONE: SCHOLAR'S PERSONAL INFORMATION		
LAST/FAMILY NAME:	FIRST NAME:	
DATE OF BIRTH [MM/DD/YYYY]:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LOCAL U.S. ADDRESS:		
CITY:	STATE:	ZIP/POSTAL CODE:
PHONE:	EMAIL:	
DOES THE SCHOLAR HAVE DEPENDENT(S) IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> IF YES, DEPENDENT(S) WILL RECEIVE NEW DS-2019 DOCUMENTS, IF THERE HAS BEEN A CHANGE IN THE NUMBER OF DEPENDENT'S ACCOMPANYING THE SCHOLAR DURING THEIR VISIT, PLEASE NOTIFY THE IC IMMEDIATELY. 		
REASON FOR NEW VISA DOCUMENT (DS-2019)? <input type="checkbox"/> EXTENSION OF STAY <input type="checkbox"/> REPLACEMENT/LOST DS-2019 <input type="checkbox"/> CORRECTION TO DS-2019 <ul style="list-style-type: none"> REASON FOR CORRECTION: _____ <input type="checkbox"/> OTHER (PLEASE EXPLAIN): _____		

SECTION TWO: INSURANCE REQUIREMENTS [TO BE COMPLETED BY SCHOLAR]	
THE U.S. DEPARTMENT OF STATE REQUIRES THAT THE SCHOLAR (AND THEIR DEPENDENTS) HAVE HEALTH INSURANCE AT UCI FOR THE DURATION OF THEIR PROGRAM.	
Insurance plan must be compliant with the legal requirements of the Affordable Care Act (ACA). Please refer to Garnett-Powers for more information: http://www.garnett-powers.com/academics/uci/	NAME OF INSURANCE COMPANY:
	POLICY NUMBER [FOR HEALTH]:
	POLICY NUMBER [FOR REPATRIATION & MEDICAL EVACUATION]:
	EXPIRATION DATE [MM/DD/YYYY]:

SECTION THREE: ACADEMIC APPOINTMENT INFORMATION [TO BE COMPLETED BY UCI DEPARTMENT]	
EXTENDED APPOINTMENT START DATE [MM/DD/YYYY]:	EXTENDED APPOINTMENT END DATE [MM/DD/YYYY]:
DEPARTMENT:	
UCI ACADEMIC TITLE OR STAFF RESEARCH POSITION TITLE:	
AREA OF RESEARCH [I.E. PSYCHOLOGY, BIOMEDICAL ENGINEERING, ETC.]:	
BRIEF DESCRIPTION OF PROPOSED ACTIVITY:	
SPECIFIC ACTIVITY: <input type="checkbox"/> RESEARCH <input type="checkbox"/> TEACHING <input type="checkbox"/> OTHER: _____	
NAME AND TITLE OF HOST FACULTY MEMBER:	
SITE OF ACTIVITY ADDRESS:	

SECTION FOUR: FINANCIAL INFORMATION		
NON-UCI FUNDING: MINIMUM SUPPORT IS \$2,000/MONTH FOR SCHOLAR AND \$500/MONTH FOR EACH DEPENDENT. FUNDING MUST BE IN U.S. DOLLARS ALL DOCUMENTS MUST BE IN ENGLISH. IF DEPENDENTS WILL ACCOMPANY THE SCHOLAR DURING THEIR APPOINTMENT AT UCI, THE DEPENDENT REQUEST FORM NEEDS TO BE COMPLETED [ON IC WEBSITE].		
EXCHANGE VISITOR'S GOVERNMENT (PROVIDE AWARD LETTER):	\$: _____	
OTHER (SPECIFY AND PROVIDE DOCUMENTATION):	\$: _____	
PERSONAL FUNDS (PROVIDE BANK STATEMENT/LETTER):	\$: _____	
UCI FUNDING: MINIMUM SUPPORT IS \$2,000/MONTH FOR SCHOLAR AND \$500/MONTH FOR EACH DEPENDENT. IF THE ABOVE NAMED SCHOLAR WILL BE RECEIVING FUNDING FROM UCI, COMPLETE THE INFORMATION BELOW.		
AMOUNT OF FUNDING:		
DURATION OF FUNDING:		
NAME OF DEPARTMENT PROVIDING FUNDING:		
VERIFIED BY [PRINT NAME]:	SIGNATURE:	DATE:

DEPARTMENT AGREEMENT		
<ul style="list-style-type: none"> The scholar and accompanying dependents [if applicable] have adequate financial support for the duration of the scholar's program, which if UCI salary is consistent with proposed activity. The department has determined that the scholar has English language proficiency adequate for the proposed activity. The department has clarified expectations with the scholar regarding university support, benefits, length of program, and the availability of the office/lab space, equipment, computer access, clerical support, and faculty collaboration. Scholar will engage only in activities consistent with the intended program and department will notify the International Center of any changes in financial support, loss of funding, or change in the supporting department. The department will notify the IC should there be a change in the scholar's plans to come to UCI. The department will notify the International Center if the scholar plans to leave UCI for more than 30 days while continuing the J-1 program. The department will notify the International Center when the scholar leaves UCI or is terminated for any reason. 		
Department Chair Signature:	Name and Title:	Date:
Dean's Office Signature:	Name and Title:	Date:
Department Administrative Contact:		
Title:	Email:	Phone:
Department Name:		Zot Code:
Department Mailing Address:		