

To be completed by UCI Sponsoring Department and J-1 Scholar. DS-2019 request for extension of stay, replacement/lost DS-2019 or reporting changes to J-1 Scholar's program. Submit to UCI International Center including copy of J-1 scholar's and J-2 dependent's (if applicable) most recent I-94 document, copy of AP-21, AP-PX or AP-VS1 with department signature to verify academic appointment is in progress, proof of health insurance, financial documents and scholar recharge form. Please also include [J-1 Physician's Form](#) if the scholar is an M.D.

SECTION 1: UCI SPONSORING DEPARTMENT & CONTACT INFORMATION		
DEPARTMENT NAME:	DEPARTMENT ADMINISTRATOR'S NAME:	
E-MAIL ADDRESS:	PHONE NUMBER:	ZOT CODE:
STREET ADDRESS:		
CITY:	STATE:	POSTAL CODE:
NAME AND TITLE OF HOST FACULTY MEMBER:		

SECTION 2: SCHOLAR'S INFORMATION		
LAST/FAMILY NAME:	FIRST NAME:	
DATE OF BIRTH (MM/DD/YYYY):		
LOCAL U.S. ADDRESS AND CONTACT INFORMATION		
STREET ADDRESS:		
CITY:	STATE:	ZIP/POSTAL CODE:
U.S. PHONE:	EMAIL:	
DOES THE SCHOLAR HAVE J-2 DEPENDENT(S) IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> IF YES, PLEASE INCLUDE COPIES OF DEPENDENT(S) I-94 DOCUMENTS. J-2 DEPENDENT(S) WILL RECEIVE NEW DS-2019 DOCUMENTS. IF THERE HAS BEEN A CHANGE IN THE NUMBER OF DEPENDENTS 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"/> CHANGE OF FUNDING <input type="checkbox"/> CHANGE OF UCI SPONSORING DEPARTMENT <input type="checkbox"/> CHANGE OF UCI ACADEMIC APPOINTMENT TITLE <input type="checkbox"/> CORRECTION TO DS-2019 <ul style="list-style-type: none"> REASON FOR CORRECTION: _____ <input type="checkbox"/> OTHER (PLEASE EXPLAIN): _____		

SECTION 3: UCI PROGRAM INFORMATION (TO BE COMPLETED BY UCI SPONSORING DEPARTMENT)		
ACADEMIC APPOINTMENT TITLE:		
EXTENDED APPOINTMENT START DATE (MM/DD/YYYY):	EXTENDED APPOINTMENT END DATE (MM/DD/YYYY):	
AREA OF RESEARCH (I.E. BIOLOGY, PSYCHOLOGY, ENGINEERING, ETC.):		
BRIEF DESCRIPTION OF PROPOSED ACTIVITY:		

SECTION 3 CONTINUED: UCI PROGRAM INFORMATION (TO BE COMPLETED BY UCI SPONSORING DEPARTMENT)		
COMPLETE PRIMARY UCI SITE OF ACTIVITY ADDRESS:		
STREET ADDRESS:		
CITY:	STATE:	POSTAL CODE:
ADDITIONAL SITE OF ACTIVITY NAME (IF APPLICABLE, REMOTE SITE OF ACTIVITY NAME)		
ADDITIONAL SITE OF ACTIVITY ADDRESS (IF APPLICABLE, REMOTE SITE OF ACTIVITY ADDRESS)		

SECTION 4: MINIMUM FINANCIAL REQUIREMENTS		
FOR	PER MONTH	PER YEAR
J-1 SCHOLAR	\$2,400	\$28,800
ADDITIONAL FUNDS ARE REQUIRED IF SCHOLAR IS INVITING J-2 DEPENDENTS:		
1 DEPENDENT	\$600	\$7,200
2 DEPENDENTS	\$1,200	\$14,400
3 DEPENDENTS	\$1,800	\$21,600
MINIMUM CONSIDERS COST OF BASIC ACCOMODATIONS, UTILITIES, FOOD, TRANSPORTATION AND HEALTH INSURANCE. PLANNING FOR MORE IS STRONGLY RECOMMENDED. J-1 NON-DEGREE STUDENT MUST DEMONSTRATE AT LEAST 51% NON-PERSONAL FUNDS (I.E. HOME INSTITUTION, SCHOLARSHIP, FELLOWSHIP, ETC.)		

NON-UCI FUNDING: IF YOU ARE RECEIVING NON-UCI FUNDING FOR YOUR J-1 PROGRAM, PLEASE NOTE FINANCIAL DOCUMENTS MUST BE IN U.S. DOLLARS OR [INCLUDE CURRENCY CONVERSION](#), ALL DOCUMENTS MUST BE IN ENGLISH. J-2 DEPENDENT CANNOT PROVIDE FINANCIAL SUPPORT FOR J-1 SCHOLAR. IF DEPENDENT(S) WILL ACCOMPANY THE SCHOLAR DURING THEIR UCI APPOINTMENT, [DEPENDENT REQUEST FORM](#) MUST BE COMPLETED.

UCI FUNDING: IF YOU ARE RECEIVING UCI FUNDING FOR YOUR J-1 PROGRAM, PLEASE CONFIRM THE AMOUNT OF FUNDING WITH YOUR UCI HOST DEPARTMENT.

FUNDING SOURCE	1ST YEAR	2ND YEAR (IF APPLICABLE)	3RD YEAR (IF APPLICABLE)	4TH YEAR (IF APPLICABLE)	5TH YEAR (IF APPLICABLE)	TOTAL IN USD
UCI SPONSORED						\$
ALL OTHER UNIVERSITIES OR ORGANIZATIONS						\$
PERSONAL FUNDS						\$
TOTAL IN USD	\$	\$	\$	\$	\$	\$

SECTION 5: HEALTH INSURANCE INFORMATION (TO BE COMPLETED TO SCHOLAR)	
THE U.S. DEPARTMENT OF STATE REQUIRES J-1 SCHOLAR (AND J-2 DEPENDENTS) HAVE HEALTH INSURANCE AT UCI FOR THE DURATION OF THEIR PROGRAM. INDICATE HOW YOU WILL MEET J VISA HEALTH INSURANCE REQUIREMENTS (SELECT ONE ONLY)	
<input type="checkbox"/> I hold a Post-Doctoral position title (full coverage under UC Benefits) <input type="checkbox"/> I am a paid employee with UC Coverage (Repatriation & Medical Evacuation insurance must be purchased separately) <input type="checkbox"/> I enrolled in Gallagher Benefit Services program [attach evidence of enrollment] <input type="checkbox"/> I applied for waiver from Gallagher Benefit Services program [attach evidence of waiver approval]	
I VERIFY ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SCHOLAR'S SIGNATURE:	DATE (MM/DD/YYYY):

SECTION 6: SPONSORING DEPARTMENT CERTIFICATION

- The scholar and accompanying dependents (if applicable) have adequate financial support for the duration of the scholar's program, which, if offered UCI salary, is consistent with proposed activity.
- The proposed activity is suitable to the scholar's background, needs, and experience.
- The scholar has English language proficiency adequate for the proposed activity, as certified by the English Language Proficiency Certification Form.
- 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.
- Notify the International Center should there be a change in the scholar's plans to come to UCI including when scholar is no longer engaged in the proposed activity.
- Notify the International Center if the scholar plans to leave UCI for more than 30 days while continuing the J-1 program.
- Notify the International Center when the scholar leaves UCI or is terminated for any reason.
- The scholar is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying insurance premiums.

SIGNATURE(S) MUST BE PROVIDED ON FORM BEFORE THE INTERNATIONAL CENTER CAN ISSUE A DS-2019 VISA DOCUMENT FOR THE SCHOLAR

DEPARTMENT CHAIR SIGNATURE:	NAME AND TITLE (PRINTED):	DATE:
DEAN'S OFFICE SIGNATURE: (IF APPLICABLE)	NAME AND TITLE (PRINTED):	DATE: