



REQUEST FOR THE EXTENSION OF DS-2019 FOR AN EXCHANGE VISITOR (J-1 STATUS)

Instructions: Complete this form, obtain necessary signatures and return to the Office of International Affairs.

Name of Exchange Visitor: _____

Title of Position: _____ Department: _____

Extensions may be granted (1) if necessary to complete the specified research or teaching objective as stated on the original form DS-2019, and (2) if the exchange visitor is eligible for an extension. Please consult the J-1 Overview for limitations on the length of time an exchange visitor may remain in the Exchange Visitor Program.

Proposed dates of extension: From: ____//____//____ To: ____//____//____
(Mo.) (Day) (Yr.) (Mo.) (Day) (Yr.)

Source and amount of funding:

_____ a. University of Louisiana at Lafayette \$ _____

_____ b. Other (Please specify) _____ \$ _____

_____ We certify that the requested extension is necessary in order to complete the objectives of the exchange visitor's stay at the University of Louisiana at Lafayette.

Faculty/Staff Sponsor: _____ Date: _____

Signature: _____ Phone: _____

E-mail: _____

Approval is granted to extend the stay of the above named exchange visitor.

_____ Date: _____

Department Chair's Signature

_____ Date: _____

Dean's Signature

_____ Date: _____

Vice President (Academic Affairs/Research)

_____ Date: _____

President's Signature

<p>For OIA use only: Pursuant to 22CFR 62 Exchange Visitor _____ is eligible _____ is not eligible for an extension Length of time remaining _____ Subject to 212e _____ 212e waiver granted _____</p>
