

A host department should fill out this form to request an extension of J-1 program for an international scholar. Note that the maximum length of time permitted for a J-1 scholar is normally five years from the date of entry to the U.S. If request reflects any change in terms of UT employment, this form (Form A) must first be submitted to UT Human Resources for approval in Part VI. Send this form and the "J-1 Extension Request - Form B" completed and signed by the scholar, to the Center International Education.

**PART I - VISITOR INFORMATION**

1. Scholar Name: \_\_\_\_\_  
2. UT Personnel Number: \_\_\_\_\_

**PART II - DEPARTMENT INFORMATION**

3. Host Department: \_\_\_\_\_ 4. Host Professor: \_\_\_\_\_  
5. Phone: \_\_\_\_\_ 6. E-Mail: \_\_\_\_\_

**PART III - INFORMATION ABOUT PROGRAM ACTIVITY**

7. Description of Activity (e.g. "Research in organic chemistry" or "Teaching Spanish") \_\_\_\_\_  
\_\_\_\_\_  
8. Extension requested from \_\_\_\_\_ to \_\_\_\_\_.  
Month/Date/Year Month/Date/Year  
[Extension should begin when previous DS-2019 ends.]

9. Where will Visitor be conducting research, teaching or performing other activity? (Give complete and exact address (including zip code) of **all** activity locations. List primary location first) \_\_\_\_\_  
\_\_\_\_\_

**PART IV - DEPARTMENT FUNDING INFORMATION**

10. UT Funding (Check all that apply)  
 Visitor will not receive any payment or reimbursement from UT during period in Question 8  
 Visitor will receive honorarium from this department during period in Question 8  
**Honorarium amount during period given above:** \_\_\_\_\_  
 Department will pay/reimburse expenses; specify: \_\_\_\_\_  
 Visitor will be employed by this department; if employed, complete following:  
 a. Position Title: \_\_\_\_\_ b. Position Number: \_\_\_\_\_  
 c. Salary: \_\_\_\_\_ per month d. Hours/week: \_\_\_\_\_  
 e. Check one:  Term Employee  Regular Employee  
 (Remember: term positions are normally limited to one year)  
 f. Does this represent any change in terms of employment? (Yes/No)  
 [If yes, Section VII below must be signed by a UT Human Resources representative.]  
 g. Dates of employment during period of extension:  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Other UT Funding; specify: \_\_\_\_\_

11. If UT funds will be used to support this Visitor, were these funds obtained **specifically for this visitor or specifically to support international exchange?** (THIS DOES NOT INCLUDE REGULAR RESEARCH FUNDS.)

(Yes/No) \_\_\_\_\_

12. If employee will not be a regular UT employee, will host department pay for the UT student and scholar health insurance policy (Aetna Student Health policy number 474955) for this visitor? (Check one)  
[Also check if scholar will change to regular employment, and department will pay for student/scholar insurance until employee is eligible for employee insurance]

- \_\_\_\_\_ Department will not pay for health insurance
- \_\_\_\_\_ Department will pay for insurance for visitor only
- \_\_\_\_\_ Department will pay for insurance for visitor and family

**PART V - APPROVAL BY HOST PROFESSOR**

I certify that this visitor will be associated with me for the duration of the dates listed in Question 8 above. **If the visitor leaves early or is absent for more than 30 days, I will inform my Department Head and/or the UT Center for International Education.**

_____	_____	_____
Name (Printed)	Signature	Date

**PART VI - APPROVAL BY DEPARTMENT HEAD**

I certify this visitor will continue to be hosted by this department for the period listed in Question 8 above. I also certify that this department will pay the visitor the salary or honorarium specified in Question 10 above.

Will this scholar be exposed to technology, equipment, software, or information a ) listed on the Commerce Control List (CCL) of the Export Administration Regulations (EAR) or b) subject to the International Traffic in Arms Regulations (ITAR) listed as a Defense Article or Technical Data on the U.S. Munitions List (USML), or otherwise designed, developed, configured, adapted or modified for military application?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

[If yes, explain on a separate sheet.] If you are not sure, please consult the UT Export Control Officer at 974-0232.

**IMPORTANT: I will inform the Center for International Education when the visitor is terminated from employment or is absent from The University more than 30 days.**

_____	_____	_____
Name (Printed)	Signature of Department Head	Date

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**PART VII - HUMAN RESOURCE APPROVAL** - Required *only* for UT employees if terms of employment will change (eg. new employment; change in job title; change in hours; decrease in salary; change from term to regular). No approval needed for salary increase.

I certify that the all terms of employment given in Question 10 above have been approved by UT Human Resources, including job title, salary etc.

_____	_____	_____
Name (Printed)	Signature	Date