

An international scholar requesting an extension of J-1 status should complete this form and submit to host department. Host Department should then send it to the Center for International Education with "J-1 Extension Request (Form A)."

**\*\* PLEASE ATTACH COPY OF CURRENT I-94 FOR YOURSELF AND ANY J-2 DEPENDENTS \*\***

**PART I - VISITOR INFORMATION**

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
2. Phone (Home): \_\_\_\_\_ 4. Phone (Work): \_\_\_\_\_
5. Preferred e-mail address: \_\_\_\_\_
6. Home address (Do not give P.O. Box): \_\_\_\_\_

**IMPORTANT: SCHOLARS MUST INFORM THE CENTER FOR INTERNATIONAL EDUCATION OF ANY CHANGE IN ADDRESS WITHIN 10 DAYS OF MOVING.**

6. J-1 extension requested for dates, from \_\_\_\_\_ To \_\_\_\_\_

**PART II - FUNDING INFORMATION**

8. List all sources of funding while in the U.S. during dates requested:

<u>SOURCE</u>	<u>AMOUNT</u>
_____ Salary or honorarium from The University of Tennessee (UT)	_____
_____ My Home Country Government	_____
_____ Employer in my home country	_____
_____ Other source of funding; specify: _____	_____
_____ Personal savings (Only if needed to supplement other funding)	_____

**\*\* PLEASE ATTACH RECENT, UPDATED DOCUMENTATION OF ANY NON-UT FUNDING SHOWING DATES AND AMOUNT OF FUNDING. \*\***

**PART III - HEALTH INSURANCE INFORMATION**

9. Check one:

- I will be covered by UT Employee insurance for the period of my J-1 extension.
- I will be covered by UT Student and Scholar Health Insurance.
- Paid by my host department  Paid by me
- I will be covered by other insurance for the period of my extension, approved by the Center for International Education. If other, give information below:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates of Current Coverage: From \_\_\_\_\_ To \_\_\_\_\_

**I UNDERSTAND THAT MY J-1 PROGRAM WILL BE TERMINATED IF I DO NOT MAINTAIN INSURANCE COVERAGE AS REQUIRED BY U.S. LAW.**

**PART IV - DEPENDENT INFORMATION**

9. The following J-2 dependents are currently with me in the U.S.:

Name of Spouse: \_\_\_\_\_

Names of Children: \_\_\_\_\_

\_\_\_\_\_

9. Dependent insurance information (Check one):

My dependents will be covered by the same insurance company as me, for the duration of my J-1 extension

My dependents will be covered by the following company:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates of Current Coverage: From \_\_\_\_\_ To \_\_\_\_\_

**I UNDERSTAND THAT MY J-1 PROGRAM WILL BE TERMINATED IF I DO NOT MAINTAIN HEALTH INSURANCE FOR MY DEPENDENTS FOR THE DURATION OF MY J-1 PROGRAM.**

**PART V - SCHOLAR CERTIFICATION**

- I request that my J-1 scholar status be extended for the period give above
- I will inform the Center for International Education if I complete my program more than 30 days earlier than the ending date on my DS-2019 form.
- I understand that an absence from The University of Tennessee for more than 30 days will normally result in a termination of my J-1 program
- I understand that my J-1 program will be terminated if I do not maintain required health insurance for myself and my dependents for the duration of my stay.
- I will inform the Center for International Education of any change in address within 10 days.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_