

Departmental Extension Request for J-1 Exchange Visitor DS2019 Form

You may submit the DS2019 Extension Request Form and all required documents in electronic form to Barbara Jones at barbara.jones@louisville.edu unless you are paying the processing fee by check. This requires a submission of the request to be in hard copy form to: ISSS, Brodschi Hall, Belknap Campus or to the ISSS Satellite Office, Kornhauser Library, second floor, room 221, HSC on Tuesdays from 10 am – 4 pm.

There is a \$100 processing fee for extension requests. Please check below to indicate the method of payment.

Speed type to be charged* _____ Amount to be Charged for extension will be \$100. A journal voucher will be processed for this amount.

** If this Speedtype is from a Sponsored or Grant Account, a completed "Sponsored Programs Financial Administration Cost Transfer Justification Form" must be submitted as well.*

Personal Check drawn on a US bank account, Cashiers' Check or Money Order. All made out to the "University of Louisville" and submitted in hard copy form to the ISSS Office.

Category : Professor Research Scholar Short-Term Scholar Student Non-Degree (Current student in their home country & will not register at UofL)

Please note that the category or objective of this scholar cannot change from their initial program. Total program periods allowed from the initial start date of the DS2019:

(1) Professor and Research Scholar Categories - up to 5 years (2) Short-Term Scholar Category- up to 6 months (3) Student Non-Degree Category - up to 24 months

Surname/Primary Name _____ Given Name _____

UofL ID Number _____ UofL Email Address _____

Local *Residence* Address Street _____ Apt. _____

City _____ State _____ Postal Code _____ Telephone Number _____

Number of J2 Dependents currently accompanying the J1 Scholar that will be receiving an extension DS2019 _____

Additional financial document of \$5,000 per every year or \$417 per month for each dependent must be submitted beyond the \$1,200 per month required for the J-1 Exchange Visitor.

Terms of Employment or Research at the University of Louisville

UofL Department _____ Street Address _____

New Program Dates: Beginning date ____/____/____ Ending date ____/____/____ Total time period of this request _____ months

Please provide the salary information, if paid by the University of Louisville. *HR Payroll will need to receive a copy of this new DS2019 to add or continue their UofL payroll.*

(1) Will the scholar be on UofL payroll? Yes No (2) If yes, will they be: Exempt Non-exempt Other _____

(3) Are they eligible to purchase UofL insurance? Yes No

Annual Salary _____ (per month) _____ Total Salary for the period requested _____

The salary for an exempt employee is a minimum of \$47,476 per year or \$3,956.33 a month. Non-exempt/hourly employee's wage is based on their position classification.

Proof of purchase of the insurance must be submitted with this extension request for the J1 Scholar and all J2 accompanying dependents. Specific insurance is required by the Department of State for all J1 participants and their J2 dependents. The policy must provide medical benefit coverage of at least (1) \$100,000 and a deductible of no more than \$500, (2) repatriation of remains in the amount of \$25,000 and (3) medical evacuation insurance of \$50,000. If the exchange visitor is acquiring medical insurance through UofL, they must purchase EPO or PPO only. They will also need to purchase the Repatriation and Medical Evacuation policies through an outside company since UofL does not provide this coverage.

If the Exchange Visitor will not be paid by the University of Louisville, please provide the funding source and amount: If the scholar is being sponsored, a copy of the signed & dated letter from the sponsoring agency or person detailing the amount, term and duration of the award must accompany this request. If they are self-supported, an official bank statement that is dated must be provided. A minimum amount of at least \$1,200 for each month of their stay is required regardless of the funding source. If they are being accompanied by their dependents, they also need to include the additional \$5,000 per year per dependent. **The letter of sponsorship or bank statement must be submitted with this form.**

Name of sponsor agency, person or scholar _____ Total Amount\$ _____

Approval signatures are required from the University of Louisville's departmental supervisor and chair or dean authorizing this J1 Departmental DS2019 Request

Signature of Supervisor

Signature of Chair/Dean

Supervisor Name - Print

Chair/Dean Name - Print

Email Address

Email Address

Phone Date

Phone Date

Specify how & where you wish to receive the new extended DS2019(s):

Return the DS2019 in campus mail to the following person at their campus address.

Contact the following person when the DS2019 is ready for pickup. Please indicate which campus you wish to pick up the packet.

Name _____

Telephone Number _____ Email Address _____

__ **Belknap Camus, International Student & Scholar Services, Brodschi Hall, second floor, receptionist desk (Open Monday-Friday, from 9 am – 4:30 pm)**

__ **Health Sciences Center, Kornhauser Library, second floor, room 221 (Open on Tuesdays only from 10 am - 4 pm).**

If a Five Point Letter was issued with a previous DS2019 Request, a new one is not required.

If you have any questions, please contact Barbara Jones at 852-0294 or email barbara.jones@louisville.edu.

Please allow three to five working days for preparation of the form DS2019.