

J-1 Exchange Visitor (Scholar) Extension Request

Purpose of this form: To request an extension to your current UCSB J-1 program in order to continue your academic activities. Please read the instructions on [our website](#) and then complete and submit this form to the Payroll Coordinator in your Host Department. You should submit your J-1 Extension Request at least 30 days before End Date on your current DS-2019 form.

SECTION 1: Exchange Visitor's Information (As shown on your passport)

Surname/Primary Name	Given Name	Middle Name
Date of Birth (mm/dd/yyyy)		SEVIS ID

SECTION 2: J-1 Program Information

UCSB Host Department/Institute	
Current DS-2019 Expiration Date (mm/dd/yyyy)	Requested Extension Period (mm/dd/yyyy) From _____ To _____

SECTION 3: Financial Information

Please check (✓) each category that applies to you and list the **TOTAL** amount of funding in U.S. dollars to cover the requested Extension period (see reverse side for minimum funding amount required). Remember to upload supporting documents to your ISD record.

UCSB	
U.S. Government	
Home Country Government	
Personal funds	
Other Sponsoring Institution/Organization - Name	
TOTAL	USD:

SECTION 4: Add New J-2 Dependent(s)

Do you have any NEW J-2 Dependents who have not yet received a DS-2019 form for your current UCSB J-1 program? If Yes, you must add them to your ISD record in the "Other\Dependent-Specific" section, and upload their documents.	Yes	No
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HOST DEPARTMENT APPROVAL

I certify that the person named above is eligible to continue the current J-1 program, at the University of California, Santa Barbara.

Name of Department Chair/Institute Director	Email address	Telephone Number
Signature		Date:
Name of Host Faculty Member	Email Address	Telephone Number
Signature		Date

Host Department Payroll Coordinator (ISD Department User) _____

Email _____ Phone _____