



University at Buffalo
The State University of New York

Office of International Education
Immigration Services

COVER SHEET FOR DS-2019 EXTENSION REQUEST

Date: _____

To: _____

UB Immigration Services

E-mail: immsvcga@buffalo.edu

CC: cinthyya@buffalo.edu; cajones3@buffalo.edu

From:

UB Department: _____

Departmental
Address: _____

Department Contact: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____



University at Buffalo
The State University of New York

Office of International Education
Immigration Services

DS-2019 EXTENSION REQUEST FORM J-1 EXCHANGE VISITOR PROGRAM

(Document must be filled out by the inviting faculty member, not the scholar)

Please type or print clearly. Submit completed form and all other required documentation to
UB Immigration Services, via E-mail (cinthyya@buffalo.edu & cc'ed to: immsvcga@buffalo.edu).

Subject line: LAST NAME, First Name (of Scholar), DS-2019 Request EXTENSION, Current DS-2019 end date (DATE).

(*request must be submitted in one single PDF with supporting documents, providing multiple PDFs could delay the review)

Scholar's Name _____
Last/Family First Middle

Male Female Date of Birth _____
Month/Day/Year

E-mail address _____ Person # _____
(if applicable)

Do you have J-2 dependents? Yes No (If so, provide information on page 3.)

Current Home Address

U.S. Telephone number _____

UB Department (e.g. Department of Chemistry)

Workplace Address *Must include the room/lab number

Requested Ending Date on Extension DS-2019*: _____
Month/Day/Year

***While a Research Scholar/Professor may hold J-1 visa status for up to five years, DS-2019 are issued for a maximum of one year at a time to provide for annual verification of funding, health insurance coverage and program compliance.**

Will housing be provided as a benefit (e.g. University Guest Quarters)? Yes No

Scholar's Funding Source(s) and Amount(s) (complete all that apply)

State Appointment** (<i>Attach reappointment letter</i>)	\$ _____
Research Foundation Appointment** (<i>Attach reappointment letter</i>)	\$ _____
UB Foundation Appointment* (<i>Attach reappointment letter</i>)	\$ Other _____
Sponsor (<i>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</i>)	
Scholar's Government (<i>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</i>)	\$ _____
Other Organizations Providing Support	\$ _____

Specify	
Personal Funds (<i>Attach scholar's 3 most recent bank statements showing support in U.S. dollars</i>)	\$ _____
Other _____	\$ _____
Specify	

Total amount of funding \$

**** If the scholar will hold a University appointment, refer to salary schedules provided by the appropriate Human Resource Services office for required salary minimums and maximums. Medical Evacuation and Repatriation Insurance enrollment is required for University appointments: <https://www.buffalo.edu/studentlife/life-on-campus/health/medical-care/health-insurance/international-scholars.html>**

*** If the scholar will not hold a University appointment, please refer to the [J-1 expense worksheet](#) to calculate the amount needed for the period of time requested.**

Source of **Mandatory** Health Insurance

Note: J-1 Exchange Visitors are required by the U.S. Department of State and SUNY to obtain and maintain medical insurance coverage for themselves and their family members throughout their stay in the U.S. as J-1 Exchange Visitors.

Benefit of University appointment – I agree to purchase the medical evacuation and repatriation insurance from the Student Medical Insurance Office
Scholar will purchase upon arrival from the Student Medical Insurance Office (includes medical evacuation and repatriation insurance)
Scholar will purchase in home country (**Scholar must present an English translation of the policy for evaluation by the Student Medical Insurance Office upon arrival**). Scholar may be required to purchase medical evacuation and repatriation insurance from the from the Student Medical Insurance Office. Therefore, it is not recommended to purchase health insurance in home country.

DS-2019 REQUEST CERTIFICATION AND FEE AGREEMENT

(Please Complete and Submit to UB Immigration Services, 1Capen)

► **PRIMARY CHAIR'S CERTIFICATION:**

I HEREBY CERTIFY THAT I SUPPORT THE ISSUANCE OF A FORM DS-2019 ON BEHALF OF THE PROPOSED EXCHANGE VISITOR AND DEPENDENTS, IF ANY, BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION.

International Scholar
Being Sponsored for
J-1 Status:

Department:

Departmental Address:

Phone Number:

Chairperson:

Signature:

Date

► **OFFICE OF INTERNATIONAL EDUCATION SERVICES FEE:**

The service fee for (EXTENSION DS-2019) will be paid by:

IDI (Department) Rate: \$380.00 OR CREDIT CARD (Beneficiary) Rate: \$435[^]

Name:

Title:

E-mail Address:

Signature:

Date

DEPENDENT SERVICES NEXT PAGE

[^]Credit Card Rates include university transaction processing fees.

There is a one-time service fee to cover all dependents: Select one

IDI (Department) Rate: \$200.00 OR CREDIT CARD (Beneficiary) Rate: \$435^

Please complete the following **only** if the J-1 Scholar wishes to add new family members:

Last/Family, First/Given _____
Relationship to Scholar _____
Date of Birth (Month/Day/Year) _____
City and Country of Birth/Citizenship _____

Name of J-1 Scholar: _____

Signature: _____
Date

Please be sure to provide copies of the following items: (1) the family member's passport biographic page, and (2) their birth certificate with English translation.

^Credit Card Rates include university transaction processing fees.

Previously Approved Accompanying Immediate Family Members (Spouse and/or Children)

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

NAME:

Last/Family, First/Given

Relationship to Scholar

Date of Birth (Month/Day/Year)

City and Country of Birth/Citizenship

This DS-2019 Request Form MUST BE accompanied by:

- a copy of the scholar's CV
- a copy of the letter of invitation (sample letter available at <http://www.buffalo.edu/immigration-services/services/J-1Scholars0/FormsAndAppls1.html>)
- a copy of the scholar's and, if applicable, all accompanying dependents' health insurance card(s)

Signatures of BOTH FACULTY AND PRIMARY CHAIR/DEAN are required.

Faculty Member Requesting DS-2019 Form

Name _____ Title _____

Dept. Address _____ Phone _____

Signature _____ E-mail _____

Approval of Primary Departmental Chair or Dean

Name _____ Title _____

Departmental Address _____ Phone _____

Signature _____ E-mail _____

Upon Completion of DS-2019 Form (**check only one**)

UB Immigration Services will mail the DS-2019 form by **campus mail** to the faculty member requesting the DS-2019.

Faculty Member's Name _____

Campus Address _____

UB Immigration Services will {

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