THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

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J-1 EXCHANGE VISITOR INFORMATION FORM
EXTENSION REQUEST

*This form is to be completed by the J-1 exchange visitor for the purpose of extending his/her program. The EV should forward the completed form and all requested documentation to his/her **department sponsor** at least 2 months prior to the expiration date of the current Form DS-2019. This information will be used by the Office of International Services to complete a new Form DS-2019.*

Name (First, Middle, Last):

Sponsoring Department:

Name of Sponsor:

Passport Number: **Expiration Date:**

J-1 Status Expiration Date:

I request that my J-1 program be extended until:

Are you and your dependents (if applicable) maintaining the health and repatriation/medical evacuation insurance coverage required under the J-1 regulations? ☐ **Yes** ☐ **No.**
If the answer is "yes," please complete the *Certification of Health Insurance Coverage* form and submit with this form. Also, submit copies of receipts, insurance cards, or other documentation verifying that the insurance coverage for you and your dependents is valid and current.
Have there been any changes (increase in salary, change in title, change in faculty sponsor, etc.) in your J-1 program since the last Form DS-2019 was issued? ☐ **Yes** ☐ **No.**
If the answer is "**yes,**" please be specific about what changes have occurred:

Are you subject to the J-1 two-year home residency requirement? ☐ **Yes** ☐ **No.**
If the answer is "yes," have you applied for a waiver? ☐ **Yes** ☐ **No.**
The Department of State will notify UMC's J-1 Responsible Officer whenever a J-1 waiver has been recommended for an exchange visitor. Once the RO receives this notification, no further J-1 program extensions can be approved for the exchange visitor.

INFORMATION ABOUT DEPENDENTS
Do you currently have dependents residing with you in the U.S.? ☐ **Yes** ☐ **No.** If "yes," please provide the information requested below.

	Spouse	**Child #1**	**Child #2**	**Child #3**
Last Name				
First Name				
Middle Name				
Gender				
Date of Birth (mm/dd/yyyy)				