



Family Name (Surname)

Given Name (First)

Middle Name (if any)

LOCAL CONTACT INFORMATION:

in my personal information or research p

Scholar's Signature _____	Date: / / month day year
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SECTION 2: DEPARTMENTAL APPROVAL FOR J -1 EXTENSION

USA Academic Department: _____

Supervisor's Name: _____ Supervisor's Email: _____

Phone Number: _____ Fax Number: _____

Dates of Extension for J-1 DS-2019: / / through / /
month day year month day year

The funding requirement for a visiting scholar is a minimum level of support of \$2,000 per month.

Please attach a signed copy of any letters of award or sponsorship. If funds are personal, please have scholar attach an official bank statement not more than 6 months old.

SOURCE OF SCHOLAR FUNDING (UNIVERSITY, PERSONAL, ETC.)	NAME OR SOURCE OF FUNDING	FUNDING AMOUNT (SALARY)
		\$

Required Signatures:

Supervisor: _____ Date: _____

Dept. _____

