

[Faculty Immigration Services](#)

Old Main #201, Dept 2000

(701) 231-9486 (office)

As administrators of NDSU's J-1 Exchange Program, Faculty Immigration Services is charged with the responsibility of ensuring that NDSU complies with all federal regulations governing the US State Department's Exchange Visitor Program.

Individuals who hold J-1 non-immigrant status are required by the Department of Homeland Security to extend their stay 30-60 days prior to the expiration date on their immigration document (Form DS-2019).

To request an extension: (1) complete this form (2) obtain the required signatures and (3) schedule an appointment with Faculty Immigration Services at the above number. An extended DS-2019 will be issued upon presentation of this form.

***Note: Changes in activities and/or categories are not allowed after the visitor arrives in the US** (ex: changing from Research Scholar to J-1 Student)

Visitor Information

Last/Surname

First/Given Name

US Home Address, including Apartment#

City

State

Zip Code

US telephone number (example: mobile, etc.)

Visitor's **personal** e-mail address (not NDSU email address)

Current Program Dates on DS-2019

Begin Date

End Date

Request Extension to (mm/dd/yyyy)

Detailed reason for requesting an extension

Waiver of Home Country Residence Requirement

1. Have you ever applied for the waiver of the "Two Year Home Residence Requirement", 212(e)?

NO YES

***NOTE: J1 status cannot be extended after a "recommendation that the waiver be granted" has been issued**

2. Have you ever applied for an I-130/I-140 Green Card eligibility petition?

NO YES

Financial Support

Source of Funding	Gross Amount per month	X number of months	Additional Documentation Required
North Dakota State University (including Host grants)			N/A
Visitor's Home Government, Home Institution or Scholarship			Extended Funding Award Notice (with an English translation) specifying period of time and amount of funding
Personal			Salary statement from employer confirming continued salary payments while abroad. <i>Personal bank statements from a foreign bank account not accepted.</i>
Other			

Exchange Visitor's Signature

Date

Medical Insurance

- United HealthCare (non-benefitted)
- NDPERs (benefitted*)

***NORTH DAKOTA REGULATION: Benefits must be offered** to visitors who are paid by NDSU and **work 20+ hours/week for more than 5 months.** ("Benefits" include more than medical insurance.) Contact HR with questions.

***SUPPLEMENTAL COVERAGE FOR BENEFITTED EMPLOYEES:** Federal regulations require all J1 visitors and their J2 dependents to have health insurance coverage at specific levels. The Faculty Immigration staff will assist employees with enrolling in this coverage after they arrive to the U.S.

Signatures

NDSU Host Faculty/Supervisor

_____ (printed name)

_____ (electronic/original signature)

_____ (date)

_____ (phone)

Department Head/Chair/Director

_____ (printed name)

_____ (electronic/original signature)

_____ (date)

_____ (phone)