



UNIVERSITY of NEW HAMPSHIRE

Office of International Students and Scholars

UNH DEPARTMENT APPLICATION FOR EXTENSION OF STAY FOR A J-1 EXCHANGE VISITOR

This form is to be completed by a UNH Department requesting an extension of stay for a current J-1 Exchange Visitor. Return this form to the International Scholar and Student Advisor (phone: 862-0086; fax: 862-0844; oiss@unh.edu; www.unh.edu/oiss; OISS, Thompson Hall G15, 105 Main Street, Durham, NH 03824).

All information must be received at least 45 days prior to the expiration date on the Exchange Visitor's current Form DS-2019 in order for the scholar to be continuously employed. Attach a letter inviting the Exchange Visitor to extend his/her stay. This letter should include beginning and end dates for which the Visitor is invited and should outline the details of the appointment including any financial support which will be provided.

UNH Department Name/Address _____

Name of Person to Whom Employee Reports _____

Phone _____ e-mail _____ Fax _____

Exchange Visitor's Name _____
Family (Caps) First Middle

Dates of Extension Request From _____ To _____
Mo/Day/Year Mo/Day/Year

Initial Dates of Appointment at UNH From _____ To _____
Mo/Day/Year Mo/Day/Year

Total Anticipated Length of Stay at UNH _____

Current Living Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Campus Address _____ Campus Phone _____

Current Activity at UNH: (Check only one) Short-Term Scholar _____ Visiting Professor _____
Research Scholar _____ Specialist _____ Other (explain) _____

Have there been any changes in the Exchange Visitor's position, duties or activities since he/she was first appointed? Yes _____ No _____

If yes, please explain _____

Amount of Compensation Being Offered by UNH _____ per _____

Please check all that apply. This is a:

- _____ faculty appointment covered by AAUP bargaining
- _____ faculty appointment not covered by AAUP bargaining
- _____ PAT position (provide position title)
- _____ permanently budgeted position
- _____ grant funded position. Indicate funding source _____

Has this particular individual been directly named in the grant application?
Yes _____ No _____ **If yes, provide a copy of the grant.**

- _____ benefits eligible position
- _____ full-time position
- _____ part-time position. Number of hours per week _____
- _____ other, please explain _____

Financial Support: Program sponsors are required to verify that the exchange visitor will have adequate financial support for him/herself and accompanying family members for the duration of the program. Complete the information below in detail. **Please use U.S. dollar amounts and specify all U.S. Government Agencies and/or organizations contributing funding.**

Source	US Dollar Amount	Agency/Institution
UNH	_____	_____
Personal Funds	_____	_____
U.S. Government Agency	_____	_____
International Organization(s)	_____	_____
Visitor's Home Government	_____	_____
Visitor's Home University	_____	_____
Other (Specify)	_____	_____

All Exchange Visitors are required to secure and maintain medical insurance coverage for themselves and accompanying family members for the duration of the program. Program sponsors are required to verify and monitor this coverage. Complete and sign the following:

I understand that medical insurance coverage is mandatory for the exchange visitor and any accompanying family members for the duration of the visitor's participation in the program at UNH. I hereby verify that I have notified the exchange visitor of this requirement. Further, I understand that if the visitor does not provide proof of adequate insurance coverage, he/she will be dismissed from the exchange visitor program and will be required to depart the United States immediately.

Name and Title of Individual Completing this Form _____

Signature _____ Date _____