THE UNIVERSITY OF ALABAMA
CAPSTONE INTERNATIONAL SERVICES
105 B.B. Comer Hall | Box 870254 | Tuscaloosa, AL 35487-0254
TEL: 205-348-5402 | FAX: 205-348-5406
EMAIL: INTERNATIONAL@UA.EDU
WEB: HTTP://IS.UA.EDU

J-1 Scholar/ Professor Extension Form

SECTION 1: J-1 SCHOLAR INFORMATION UPDATE (TO BE COMPLETED BY SCHOLAR)

NAME: _____

Family Name (Surname) Given Name (First) Middle Name (if any)

UPDATED LOCAL CONTACT INFORMATION:

Physical Address: _____
(Apt. or House)
_____

E-mail address: _____ Phone Number: _____

FINANCIAL INFORMATION: If self- or externally-funded, the minimum funding requirement for a visiting scholar, professor, or specialist is $1200 per month ($14,400 per year) and $500 per month ($6000 per year) for each accompanying dependent. If funds are from an international organization, an independent grant, or government support, please attach a signed copy of any letters of award or sponsorship. If funds are personal, please attach an official bank statement not more than 6 months old.	**SOURCE OF FUNDS**	**ASSURED SUPPORT (IN US DOLLARS)**
		$

I certify that the above information is correct and complete, and that I shall notify the University of any change in my personal information or research plans.

Scholar's Signature_____ Date (month/day/year): _____

SECTION 2: DEPARTMENT APPROVAL FOR J-1 EXTENSION

UA 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

By signing below, the J-1 Supervisor and Department Chair or Dean re-affirm that they will comply with the following responsibilities:

1) If an additional extension of program is necessary, the department will process an extension request and provide an updated appointment letter and proof of any additional funding at least two weeks prior to the current program end date.
2) If the exchange visitor ends his or her service to The University of Alabama more than 30 days earlier than the expected appointment date, the department will inform Capstone International Services so that his or her immigration record can be updated as required by law.
3) Upon completion or termination of appointment, the department will inform Capstone International Services of the exchange visitor's departure date by either email or formal letter.

Required Signatures:

Supervisor Signature: _____ Date: _____

Dept. Chair/ Director Signature: _____ Date: _____

SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH THIS FORM

- ☐ Copy/Scan of updated Appointment Letter
- ☐ Copy/Scan of Proof of Financial Support or Bank Statement, if independently funded
- ☐ Copy/Scan of Proof of Insurance with Medical Evacuation and Repatriation Coverage (For J-1 Scholar and any dependents)