

The Catholic University of America
**J-1 Extension Request Form for
 Visiting Professors, Researchers, and Specialists**

This form is used to notify International Student and Scholar Services of the intent to extend a foreign national to CUA in J-1 status as an Exchange Visitor to engage in periods of research, teaching, or other academic activity in the interest of international educational and cultural exchange.

School/Department Information

Department Name:	
Department Address:	
Name of Host Professor/Supervisor:	
Email:	
Telephone:	
Fax:	
Administrative Contact Person:	
Email:	
Telephone:	

Exchange Visitor Information

Exchange Visitor's Name:	
Exchange Visitor's U.S. Home Address:	
Email:	
Phone:	
Does the individual have medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Position Information

Position Title at CUA:	
New Requested End Date of Program:	
Indicate Amount of Exchange Visitor's Financial Support for this extension:	\$ <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> total
Source of Financial Support:	
Please explain why an extension is needed:	
Anticipated program end date:	

DEPARTMENT/SCHOOL CERTIFICATIONS	As the University sponsor of the individual, we agree that we will: <ol style="list-style-type: none"> 1. monitor the individual's progress and welfare, providing any assistance or advice needed to facilitate the successful completion of the program. 2. ensure that the individual obtains health insurance for the duration of his/her program at CUA; 3. ensure the individual check in with ISSS upon arrival to finalize his or her legal status in the U.S. 4. notify ISSS of any changes in the program, including employment, financial support, etc.; 5. notify ISSS when the individual leaves CUA.
I have read and agree with the above Signature of Supervisor:	Date:
Signature of Department Chair:	Date:
Signature of Dean:	Date:

Compile Required Attachments:	<input type="checkbox"/> Copy of current passport and admission stamp <input type="checkbox"/> Evidence of financial support to cover costs associated with this extension <input type="checkbox"/> Copy of current medical insurance card
Return form & attachments to: (ISSS will obtain final authorization from Provost)	International Student & Scholar Services Center for Global Education 315 McMahan Hall Washington, DC 20064 Tel. 202.319.5618 Fax 202.319.5894

Final Authorization by the Provost:	Date:
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