

**University of Texas Health Science Center at San Antonio
Office of International Services**

REQUEST FOR EXTENSION OF STAY

This form is to be completed by the Exchange Visitor's UTHSCSA Departmental Sponsor/Supervisor. Please **type or print**. A supplemental sheet may be attached, if necessary. Contact the Office of International Services (567-6241) with questions. You may fax the completed form to (210) 567-6240.

1) NAME OF EXCHANGE VISITOR: _____
(Last) (First) (Middle)

2) PURPOSE OF EXTENSION (Check one): Complete Program _____ Continue Program _____

3) *BRIEF NON-TECHNICAL DESCRIPTION OF ACTIVITY VISITOR WILL ENGAGE IN DURING REQUESTED EXTENSION OF STAY:

4) POSITION TITLE: _____
***Note: Exchange Visitor regulations limit changes in program and length of stay. Please contact the Office of International Services if there is any planned change in the visitor's original objective.**

5) DATES OF EXTENSION OF STAY: _____ TO _____
(m/d/y) (m/d/y)

***Note: Extensions are done for no more than one year at a time. Under certain circumstances, an extension may not be possible.**

6) TOTAL AMOUNT OF FINANCIAL SUPPORT FOR EXTENDED STAY (U.S. DOLLARS) \$ _____
Note: The minimum amount of funding must total \$1,200/month (\$14,400/year) for the J-1, plus \$400/month (\$4,800/year) for a J-2 spouse and \$200/month (\$2,400/year) for each J-2 child.

SOURCE(S) OF FUNDS: UTHSCSA? _____ Yes _____ No

Total Amount of UTHSCSA Support: \$ _____ per year **OR** month (circle one)

Will the payments be processed by (circle one): Accounting **OR** Payroll?

SUPPORT OTHER THAN UTHSCSA? _____ Yes _____ No

List all financial sources (names) and dollar amounts per year or month: _____

7) J-2 DEPENDENTS: List all J-2 dependents residing in the U.S., including complete names and relationships to the J-1 (e.g., wife, son, etc.): _____

Supervisor's Printed Name & Title: _____

Supervisor's Signature: _____ Department: _____

Departmental Contact's Name and Phone Number: _____

Date (m/d/y): _____ E-Mail Address: _____ Fax Number: _____