

# J-1 EXCHANGE VISITOR'S EXTENSION OF STAY REQUEST

Last Updated: January 21, 2015

## SECTION I: TO BE COMPLETED BY SPONSORING DEPARTMENT

Visitor's Name: \_\_\_\_\_ Department: \_\_\_\_\_  
(Last) (First)

Position Title: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Beeper #: \_\_\_\_\_

UTSW can issue extension documents for any period of J-1 sponsorship up to 5 total years if funding is stable. By requesting more than one year, you are confirming that funding is expected to be available for the entire period requested. If funding is from a source other than UTSW, we must receive official documentation from the funding source for the period of document validity.

Extension: From: \_\_\_\_\_ To: \_\_\_\_\_

Please explain if title/job duties have changed since the visitor arrived: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_ Mentor's Signature: \_\_\_\_\_

Administrative Contact's Name: \_\_\_\_\_

Admin. Ext #: \_\_\_\_\_ Admin. Fax #: \_\_\_\_\_ Admin. Mail Code: \_\_\_\_\_

**FUNDING:** Review Postdoctoral Pay Plan for minimum funding levels for Postdoctoral Scholars and Visiting Senior Fellows  
Visiting faculty must receive a minimum of funding level of \$45,000/year.

Paid by UT Southwestern  Yes  No  Salary  Stipend

Annual Salary: \$ \_\_\_\_\_ Specify all External Funding Source(s): \_\_\_\_\_

Covered under employee health insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If Exchange Visitor is an M.D.:

\_\_\_\_\_ Visiting Professor's License Required? Effective Date: \_\_\_\_\_ Expires Date: \_\_\_\_\_

Please check one: \_\_\_\_\_ No Patient Contact \_\_\_\_\_ Incidental Patient Contact (Attach "Five Point Letter.")

## SECTION II: TO BE COMPLETED BY EXCHANGE VISITOR

A. Will funding from an external entity be provided in support of your J-1 visa extension?: \_\_\_ YES \_\_\_ NO

If "YES," provide current official documentation of financial support on letterhead of the funding entity, signed by senior staff of the funding entity with authority to grant the specified funding, and specifying the amount of funds to be provided.

Name of External Funding Entity: \_\_\_\_\_ Country: \_\_\_\_\_

Government Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

B. J-1 Health Insurance Requirement:

- If not eligible for employee health insurance benefits you are now required to purchase the UT System student health insurance, Academic Health Plans. To enroll see: <https://utsouthwestern.myahpcare.com/enrollment>.

Academic Health Plans Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

(Please attach copy of health insurance confirmation.)

- Please attach current valid confirmation of "medical evacuation & repatriation" insurance. You can purchase/renew this coverage through Trawick, Int'l at <http://www.utsouthwestern.edu/international>.

Exchange Visitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_