

DS-2019 Extension Request Cover Page

Exchange Visitor: _____ Start Date: _____ End Date: _____
(TYPED NAME)

Please attach:

- [DS-2019 Request Form](#) (from FSIS website)
- [Dependent Information Form](#) (for spouse and children under age 21), if applicable
- Evidence of [financial support](#) (UH program funded, other organization, and/or personal funds)

Responsibilities of UH Departments/Pis:

1. Ensure that the EV remains in the same program category and program subject/field.
2. Ensure that the EV complies with the US DOS Exchange Visitor regulations and UH policies.
3. Monitor the EV's participation in the program to ensure the EV engages in activities appropriate for his/her exchange visitor category and makes reasonable progress towards program objectives.
4. Ensure that FSIS is informed of any changes in the EV's address, funding, and departure from UH activities as well as any changes in his/her program as originally described.
5. Ensure that the EV and any J-2 dependents comply with the health insurance requirements of the Exchange Visitor Program.

UH departments requesting J-1 documents for Exchange Visitors must comply with UH policies and procedures and with DHS and DOS regulations. Signatures below indicate the department's acceptance of these responsibilities.

UH Dept PI/Faculty Sponsor (TYPED NAME): _____

Title: _____ Email: _____ Phone: _____

Signature: _____ Date: _____

Department Chair (TYPED NAME): _____

Signature: _____ Date: _____

Dean/Director/Chancellor (TYPED NAME): _____

Signature: _____ Date: _____

AO/PO (TYPED NAME): _____ Phone: _____ Email: _____

Forward completed cover page and supporting documents to FSIS, Attn: Kathy, PSB 104