

**The University of Tennessee**  
**DEPARTMENT REQUEST FOR EXTENSION of J-1 SCHOLAR PROGRAM**  
**FORM A**

A host department should fill out this form to request an extension of J-1 program for an international scholar or visitor. Note that the maximum length of time permitted for a J-1 scholar is normally five years from the date of entry to the U.S. Send this form and the "Scholar Application for Extension of J-1 program" (Form B, ) completed and signed by the scholar, to the Center for International Education, 1620 Melrose Avenue (3531) [If request reflects any change in terms of UT employment, this form (Form A) must first be submitted to Charlene Rice in Human Resources for approval in Part VI]

**PART I - VISITOR INFORMATION**

1. Scholar Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_ 3. UT Personnel Number: \_\_\_\_\_

**PART II - DEPARTMENT INFORMATION**

4. Host Department: \_\_\_\_\_ 5. Host Professor: \_\_\_\_\_
6. Phone: \_\_\_\_\_ 7. E-Mail: \_\_\_\_\_

**PART III - INFORMATION ABOUT PROGRAM ACTIVITY**

8. Description of Activity (e.g. "Research in organic chemistry" or "Teaching Spanish") \_\_\_\_\_
- \_\_\_\_\_

9. Extension requested from \_\_\_\_\_ to \_\_\_\_\_.
- Month/Date/Year                      Month/Date/Year  
[Extension should begin when previous DS-2019 ends.]

10. Where will Visitor be conducting research, teaching or performing other activity? (Give complete and exact address (including zip code) of **all** activity locations.) \_\_\_\_\_
- \_\_\_\_\_

**PART IV - DEPARTMENT FUNDING INFORMATION**

11. UT Funding (Check all that apply)
- Visitor will not receive any payment or reimbursement from UT during period in Question 8
- Visitor will receive honorarium from this department during period in Question 8
- Honorarium amount during period given above:** \_\_\_\_\_
- Department will pay/reimburse expenses; specify: \_\_\_\_\_
- Visitor will be employed by this department; if employed, complete following:
- a. Position Title \_\_\_\_\_ b. Position Number: \_\_\_\_\_
- c. Salary: \_\_\_\_\_ per month d. Hours/week: \_\_\_\_\_
- e. Check one:  Term Employee  Regular Employee
- f. Does this represent a change in terms of employment? (Yes/No) \_\_\_\_\_
- [If yes, Section VII below must be signed by Charlene Rice in Human Resources.]**
- g. Dates of employment during period of including extension:
- From \_\_\_\_\_ to \_\_\_\_\_
- Other UT Funding; specify: \_\_\_\_\_

12. If UT funds will be used to support this Visitor, were these funds obtained *specifically for this visitor or specifically to support international exchange*? (THIS DOES NOT INCLUDE REGULAR RESEARCH FUNDS.)

(Yes/No) \_\_\_\_\_

13. If employee will not be a regular UT employee, will host department pay for health insurance for this visitor, arranged by the UT Center for International Education? (Check one)

- \_\_\_\_\_ Department will not pay for health insurance
- \_\_\_\_\_ Department will pay for insurance for visitor only
- \_\_\_\_\_ Department will pay for insurance for visitor and family

Charge account number \_\_\_\_\_

**PART V - APPROVAL BY DEPARTMENT HEAD**(Required for all visitors)

14. I certify that this department will pay the listed salary or honorarium for the period specified in Question 10 above.

**We will inform the Center for International Education if the visitor is terminated from employment or leaves The University more than 30 days earlier than the dates given above or is absent for more than 30 days.**

Signature of Department Head	Name	Date
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**PART VI - HUMAN RESOURCE APPROVAL** - Required *only* for UT employees if terms of employment will change (eg. new employment; change in job title; change in hours; decrease in salary; change from term to regular. ) No approval needed for salary increase.)

15. I certify that the terms of employment given in Question 10 above have been approved by UT Human Resources.

Signature	Name	Date
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