

**The University of Tennessee
SCHOLAR APPLICATION FOR EXTENSION of J-1 PROGRAM
FORM B**

An international scholar requesting an extension of J-1 status should complete this form and submit to host department. Host Department should then send it to the Center for International Education with "Departmental Request for Extension of J-1 Scholar Program" (Form A).

PLEASE ATTACH COPY OF CURRENT I-94 FOR YOURSELF AND ANY J-2 DEPENDENTS

PART I - VISITOR INFORMATION

1. Name: _____
2. Social Security Number: _____
3. Phone (Home): _____ 4. Phone (Work): _____
5. Preferred e-mail address: _____
6. Home address (Do not give P.O. Box): _____

IMPORTANT: SCHOLARS MUST INFORM THE CENTER FOR INTERNATIONAL EDUCATION OF ANY CHANGE IN ADDRESS WITHIN 10 DAYS OF MOVING.

7. J-1 extension requested for dates, from _____ To _____

PART II - FUNDING INFORMATION

8. List all sources of funding while in the U.S. during dates requested:

<u>SOURCE</u>	<u>AMOUNT</u>
_____ Salary or honorarium from The University of Tennessee (UT)	_____
_____ My Home Country Government	_____
_____ Employer in my home country	_____
_____ Other source of funding; specify: _____	_____
_____ Personal savings (Only if needed to supplement other funding)	_____

PLEASE ATTACH RECENT, UPDATED DOCUMENTATION OF ANY NON-UT FUNDING SHOWING DATES AND AMOUNT OF FUNDING.

PART III - HEALTH INSURANCE INFORMATION

9. Check one:

- I will be covered by UT Employee insurance for the period of my J-1 extension.
- I will be covered by health insurance arranged by the UT Center for International Education
 - Paid by my host department
 - Paid by me
- I will be covered by other insurance for the period of my extension, approved by the Center for International Education. If other, give information below:

Company Name: _____

Company Address: _____

Dates of Current Coverage: From _____ To _____

I UNDERSTAND THAT MY J-1 PROGRAM WILL BE TERMINATED IF I DO NOT MAINTAIN INSURANCE COVERAGE AS REQUIRED BY U.S. LAW.

PART IV - DEPENDENT INFORMATION

10. The following J-2 dependents are currently with me in the U.S.:

Name of Spouse: _____

Names of Children: _____

11. Dependent insurance information (Check one):

My dependents will be covered by the same insurance company as me, for the duration of my J-1 extension

My dependents will be covered by the following company:

Company Name: _____

Company Address: _____

Dates of Current Coverage: From _____ To _____

I UNDERSTAND THAT MY J-1 PROGRAM WILL BE TERMINATED IF I DO NOT MAINTAIN HEALTH INSURANCE FOR MY DEPENDENTS FOR THE DURATION OF MY J-1 PROGRAM.

PART V - SCHOLAR CERTIFICATION

- , I request that my J-1 scholar status be extended for the period give above
- , I will inform the Center for International Education if I complete my program more than 30 days earlier than the ending date on my DS-2019 form.
- , I understand that an absence from The University of Tennessee for more than 30 days will normally result in a termination of my J-1 program
- , I understand that my J-1 program will be terminated if I do not maintain required health insurance for myself and my dependents for the duration of my stay.
- , I will inform the Center for International Education of any change in address within 10 days.

Signature Name Date

