

## **J-1 STUDENT DS-2019 EXTENSION REQUEST**

- **Processing time for J-1 Student extension requests is 7-10 business days.**
- **Incomplete applications will be returned to the host department.**
- **Extension requests MUST be received a minimum of 30 days prior to the current program expiration date.**

### **SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:**

#### **STUDENT EXTENSION**

- PROOF OF FUNDING
- EXTENSION REQUEST LETTER FROM STUDENT
- EXTENSION REQUEST LETTER FROM HOST DEPARTMENT

### **DEFINITIONS OF STUDENT CATEGORIES:**

- **STUDENT** – An individual who is pursuing a full course of study leading to the award of an MSU degree.
- **NON-DEGREE STUDENT**- An individual who is pursuing a full course of study in accordance with a written MSU exchange agreement.

### **FUNDING REQUIREMENTS FOR 2008:**

<b>ESTIMATED EXPENSES TO PROVE FOR STUDENTS</b>				
<i>** Amounts listed may change</i>	<b>Tuition &amp; Fees</b>	<b>Living Expenses</b>	<b>Insurance</b>	<b>TOTAL</b>
<b>UNDERGRADUATE</b>				
Lower level (Fr./Soph.)	\$23,600	\$10,648	\$1,316	\$35,564
Upper level (Jr./Sr.)	\$24,372	\$10,648	\$1,316	\$36,336
<b>GRADUATE</b>				
With assistantship	\$15,720	\$12,418	\$1,316	\$29,454
Without assistantship	\$10,920	\$12,418	\$1,316	\$24,654
<b>NON-DEGREE (LIFELONG ED)</b>				
Undergraduate (12 cr)	\$9,140	\$10,648	\$1,316	\$21,104
Graduate (9 cr)	\$6,868	\$10,648	\$1,316	\$18,832
<b>ADDITION EXPENSES FOR DEPENDENTS</b>				
Spouse (wife/husband)	\$5,000 Per year			
	\$3,000(Per child)			
Each child under 21	Per year		\$3,000 x # of children	

### **INSURANCE REQUIREMENTS:**

Federal regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the scholar's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. Minimum health insurance requirements for J visa holders are as follows:

- \* \$50,000 per sickness/illness
- \* \$50,000 per accident/injury
- \* \$10,000 for medical evacuation
- \* \$7,500 for repatriation
- \* Maximum \$500 deductible

Health insurance for MSU employees meets the above requirements. If the scholar is not eligible for MSU employee health insurance, sufficient health insurance may be purchased through the MSU Benefits Office, from the scholar's home country, or through a private health insurance provider in the United States.

**J-1 EXTENSION REQUEST TO BE COMPLETED BY THE HOST DEPARTMENT:**

***PURPOSE OF THIS FORM:***

- EXTENSION** – Also must include proof of funding and extension memo\*.  
 Has applicant received a waiver of the 2 year home residency requirement?  Yes  No

**J-1 Student Information - Name must be exactly as it appears on the Passport**

A PID	SEVIS Number: N	Today's Date:
Family name:	First:	Middle:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth date (MM/DD/YYYY):	
City of birth:	Country of birth:	
Country of citizenship:	Country of legal permanent residence:	
U.S. Address:	Email Address:	

<b>CATEGORY OF VISITOR WHILE AT MSU:</b> <input type="checkbox"/> Non-Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
<b>PERIOD COVERED BY THIS FORM: from (M/D/YY):</b> _____ <b>to (M/D/YY):</b> _____

<b>SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT</b>
<input type="checkbox"/> MSU Department funds: \$ Health insurance provided by Department? Yes <input type="checkbox"/> No <input type="checkbox"/> Scholar providing health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Scholar's Government: \$
<input type="checkbox"/> Other funds: \$ Source of other funds:
<input type="checkbox"/> Personal/Family funds: \$

<b>The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the Dept. Head/Dean/Chairperson/Director must send OISS an e-mail giving approval.</b>		
<b>Signed:</b> _____ (Dept. Head: Dean/Chairperson/Director)	<b>Name of person to contact when DS-2019 is ready:</b>	<b>Return to:</b>
<b>Typed Name:</b>	<b>Name:</b>	Mary M. Gebbia-Portice
<b>Title:</b>	<b>Email:</b>	Office for International Students and Scholars
<b>Department:</b>	<b>Phone:</b>	103 International Center
<b>Dept. Address:</b>	<b>Preferred contact method:</b>	Phone: 517-353-1720 Fax: 517-355-4657
<b>Phone:</b>	<b>Email</b> <input type="checkbox"/> <b>Phone</b> <input type="checkbox"/>	All inquiries should be directed via email to:
<b>Today's date:</b>		<a href="mailto:mary@msu.edu">mary@msu.edu</a>