

## J-1 SCHOLAR EXTENSION OF STAY REQUEST

SECTION A AND B OF THIS FORM MUST BE COMPLETED BY THE SCHOLAR. SECTION C MUST BE SIGNED BY THE DEPARTMENT HEAD AND RETURNED TO INTERNATIONAL AFFAIRS (SEE ADDRESS BELOW) IN A SEALED ENVELOPE.

### SECTION A: SCHOLAR INFORMATION (TO BE COMPLETED BY THE SCHOLAR)

Name: \_\_\_\_\_  
SEVIS ID Number: \_\_\_\_\_ NU ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### SECTION B: FINANCIAL CERTIFICATION (TO BE COMPLETED BY THE SCHOLAR)

Financial support for the scholar and any accompanying dependents must be documented.

**VISITING SCHOLARS:** \$14,400/YEAR \$1,200/MONTH

**DEPENDENTS:** SPOUSE \$ 8,400/YEAR \$ 700/MONTH  
CHILDREN \$ 4,200/YEAR \$ 350/MONTH

See financial documentation amounts on back of this form. The funds to cover the entire period for which this extension of stay is requested will be provided as follows:

- Departmental Funds (please attach a copy of the offer letter): \_\_\_\_\_
- Personal Funds (please attach documents in English on financial institution letterhead and with a bank employee's signature): \_\_\_\_\_
- Other funds (please attach documents in English on financial institution letterhead and with a bank employee's signature – your sponsor will also need to complete a financial certification form): \_\_\_\_\_
- Total Amount: \_\_\_\_\_

### SECTION C: DEPARTMENT HEAD CERTIFICATION (TO BE COMPLETED BY DEPARTMENT HEAD)

This is to verify that the above named scholar is a visiting scholar or professor in the Department of \_\_\_\_\_.

I recommend that this scholar's legal stay in the U.S. be extended to \_\_\_\_\_ in order to continue with the same academic objective. Research scholars and professors are limited to a total of five years. Short-term scholars are limited to a total of six months and cannot be extended past six months.

\_\_\_\_\_  
**Academic Advisor/Faculty Advisor/Department Head Signature**      **Printed Name**      **Date**      **E-mail**      **Phone**

**International Affairs**  
**420 University Terrace**  
**Lincoln, NE 68588-0682**  
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## Exchange Visitor Health Insurance Certification for Endorsement by J-1 Scholar

The government of the United States of America **requires all J-1 Exchange visitors and their accompanying J-2 dependant family members to comply with specific health insurance requirements.** These requirements were explained in the information you received with your first Form DS-2019 from the University of Nebraska-Lincoln. They are explained in the box immediately following. **Please provide a copy of your insurance card or policy (in English) for yourself and your dependents along with this signed form.**

**Note for J-1 Extension Requests:** Please have your department submit this signed form and a copy of your insurance card or policy (in English) for yourself and your dependents to the office of International Affairs with the J-1 Extension Request form.

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**EVERY EXCHANGE VISITOR MUST FULFILL EACH OF THE FOLLOWING INSURANCE REQUIREMENTS:**

1. Medical benefits of at least \$50,000 per accident or illness;
2. Repatriation of remains in the amount of \$7,500;
3. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
4. A deductible not to exceed \$500 per accident or illness.

An insurance policy secured to fulfill the requirements of this section:

- A. May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- B. May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefit per accident or illness; and
- C. Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any insurance policy secured to fulfill the above requirements must be underwritten by an insurance corporation having an A.M. Best rating of "A" or above, an insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of "B+" or above or such other rating services as the Agency may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement.

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I certify that I am in compliance with these requirements for myself and for my J-2 dependent family members and have submitted a copy of the applicable insurance cards to International Affairs.

\_\_\_\_\_  
Print First and Last Name of J-1 Scholar

\_\_\_\_\_  
Signature of J-1 Scholar

\_\_\_\_\_  
Date

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