

**EXTENSION OF STAY
INSTRUCTIONS AND GUIDELINES
J Exchange Visitor - Scholar and/or Professor Categories
College of Staten Island/CUNY
P-1-04191**

Eligibility

You are eligible to apply for an extension of stay if:

- Your current DS-2019 has not yet expired;
- You are still engaged in the activity shown on your most recent DS-2019;
- You are otherwise maintaining your status as a J-1 Exchange Visitor (e.g., maintaining required health insurance coverage for yourself and your J-2 dependents; not engaging in unauthorized employment);
- You can demonstrate adequate funding for the period of the proposed extension; and
- Your extension will not carry you beyond five years as a J-1 Visiting Professor or Research Scholar or 6 months as a Short-Term Scholar

Procedure

1. At least a month before your permission to stay expires request this form.
2. Ask your CSI faculty sponsor to complete the form, and to return it by mail to the Center at least three weeks before your permission to stay expires so that the Center can prepare a new DS-2019 for you.

Cautions

- If you leave the United States, you will need a valid J-1 visa to re-enter the U.S. The exception to this is if you are a Canadian citizen (or) you are making a trip of 30 days or less to Canada, Mexico, or the island countries in the Caribbean Sea. In those cases, you can re-enter on an expired J visa. In all cases, you will need a signature from a Center advisor (Responsible Officer or Alternate Responsible Officer) on your DS-2019 that authorizes the travel back into the U.S.

If your visa has expired and you are going to a different country than what is listed in the above paragraph, you will have to apply for a new one at a U.S. consulate or embassy abroad. In addition to your passport and the DS-2019 endorsed on the lower right hand corner by a Center advisor, the consular officer may want to see proof of any funding that does not come directly from CSI. Your dependents will also need a new DS-2019.



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- Your permission to remain in the United States will expire 30 days after the date shown in Item 3 on your Form DS-2019. Please note that you are not eligible to work during this “30-day grace period” after the expiration of your DS-2019, but you are eligible to remain in the United States.
- **Extending your permission to stay in the U.S. is *your responsibility*. If you forget the deadline, you will be “out of status” and must apply for “reinstatement,” which may or may not be granted by the US Department of State.**



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The College of Staten Island/CUNY (P-1-04191)
EXTENSION OF STAY
for J-1 Scholars/Professors
To Be Completed by the Sponsoring Department

Please allow 2 weeks for processing of the SEVIS DS-2019.

Scholar's Name: _____
(FAMILY/LAST NAME) (Given/First Name)

Campus Mail Address: _____ Email Address: _____

Extension of Stay Requested Until: _____/_____/_____
Month Day Year

Amount of financial support the scholar will receive from each of the following sources:

_____ a. College of Staten Island \$ _____

_____ b. Research Foundation \$ _____

_____ c. Other grants (specify payroll) \$ _____

_____ d. A U.S. government agency, paying the scholar directly \$ _____

Name of Agency: _____

_____ e. An international organization \$ _____

Name of Organization: _____

_____ f. The scholar's government \$ _____

_____ g. All other organizations \$ _____

_____ h. The scholar's personal funds \$ _____





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Brief description of the activity in which the scholar is engaged: _____

If the scholar's dependents are already in the U.S. and wish to stay also, each dependent will need to extend a DS-2019. If the dependent was already part of the scholar's DS-2019 record, there is no fee for an extension of the dependent. If dependents are now joining the scholar in the U.S. for the first time, please complete the Supplementary Information for Family Members form and include the initial document processing fee of \$50 per dependent.

Who is paying the \$50 initial dependent fee (where applicable)?

(check one) _____ **Department** _____ **Scholar/Professor**

Authorized by (both signatures are required):

(Signature of Faculty Member) _____
(Signature of Department Chair)

Name (Print): _____ Name (Print) _____

Department: _____ Department: _____

Campus Mail Address: _____ Campus Address: _____

Telephone Number: _____ Telephone: _____

Email Address _____ Date: _____

Return all completed information to: Winnie.Brophy@csi.cuny.edu at the Center for Global Engagement, Building 2A-Room 206. Phone for questions: 718-982-2100.

