



BROWN

Office of International Student & Scholar Services

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Extension Request for Form DS-2019 for J-1 Exchange Visitors
By Departments or Affiliated Hospitals of Brown University

(To be completed and signed by the department and the incoming scholar)

Personal Information

Date Submitted: _____

1. Scholar's name exactly as indicated on his/her/their passport

Family/Surname _____ Given/First _____

2. Current local U.S. residential address:

Street _____ City _____ State _____ Zip _____

Appointment Information

3. Entity & Department Name: _____

4. Requested re-appointment dates at Brown/Hospital: Start Date: _____ End Date: _____

5. Position Title: _____, primarily (select one) Teaching Researching

6. Percentage of Appointment: _____% If less than 100%, please explain: _____

7. Subject/Field and short description of Scholar's Primary Activity/Research at Brown/Hospital: _____

8. Physical Address of on campus/hospital work location: _____

9. Is or will the scholar be conducting work at any other site or for any other entity other than Brown or the Hospital?

Yes No If yes, please explain: _____

10. J-1 Exchange Visitors are not permitted to work remotely more than 40%, or 2 days per week. Will the scholar be permitted to work remotely, not to exceed 2 days, or 40% of the work week?

Yes No

11. If yes, please provide the physical location of their remote work:

Street _____ City _____ State _____ Zip _____

Travel and Dependents

12. Will the scholar travel outside U.S. between now and the start of the requested extension? Yes No

If so, will a new US visa stamp be required for re-entry? Yes No

13. Will the scholar's J-2 dependent(s) require a DS-2019 extension? Yes No N/A

14. Will the scholar's spouse need to re-apply for J-2 work authorization? Yes No N/A []

Funding

15. Source(s) of Financial Support (enter amount in U.S. Dollars and include currency conversion with all funding documentation) *:

Brown University \$ _____

Hospital \$ _____

Exchange Visitor's Government (attach the award letter (with English translations)) \$ _____

Other Organization (specify) _____ \$ _____
(attach the award letter)

Personal funds (attach a financial statement) \$ _____

****Financial Support Guidelines: For Exchange Visitor: \$2868/month. If family members will accompany visitor, please allow \$604 per month for spouse and \$431 per month per child.**

I hereby certify that this department supports the request to sponsor the above-mentioned individual as a J-1 Exchange Visitor. I also confirm that all the information provided in this form is true and accurate to the best of my knowledge.

Administrative Contact Name: _____

Contact Signature: _____ Date: _____

Appointments of Medical Doctors: I further certify that the program in which the J-1 scholar is to be engaged is **solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved.**

Department Chairperson/ Division Director's Printed Name: _____

Department Chair's Signature _____ Date _____

If applicable: Processing Fee is charged to _____ *Women & Infants Hospital* _____ *Butler Hospital* Cost Center# _____

Billing Address _____

Authorized by _____ *Signature* _____ *Date* _____

Health Insurance Information for J-1 Exchange Visitors

U.S. Department of State regulations require **all J-1 Exchange Visitors and their accompanying J-2 dependents** to have health insurance throughout the period of participation in the Exchange Visitor Program. Minimum acceptable coverage would provide:

1. Medical benefits of at least \$100,000 per accident or illness
2. Repatriation of remains in the amount of \$25,000
3. Expenses associated with medical evacuation in the amount of \$50,000
4. Deductible not to exceed \$500 per accident or illness

I understand that the U.S. Department of State requires all participants in Exchange Visitor Programs and their accompanying dependents to have health and accident insurance at the required minimum level of coverage for the duration of their stay at Brown University.

I understand that by signing this form I am not enrolled in health insurance automatically and that I am responsible for the purchase of such health insurance.

Name of Insurance Company: _____ Policy Number: _____

I further confirm that all the information provided in this form is true and accurate to the best of my knowledge.

Scholar's Signature _____ Date: _____

Documents that must be attached with this request:

1. Signed Re-appointment letter
2. Proof of funding
3. Copy of passport and/or visa, if updated since registration

Appointment/Offer of Employment Letters

For faculty appointments, letters of appointment from the Dean of the Faculty or BioMed will be necessary. For Public Health appointments, letters of appointment from Public Health will be required. For Hospital appointments, letters of appointment from BioMed Faculty Administration (BMFA) will be required. For research staff appointments, offer of employment letters from Department Head or Chairperson will be required.

Instructions for Where to Send This Form: Please send the request form together with the appointment letter to:

1. For faculty appointments, including visiting scholars, scientists, postdoctoral research associates, and visiting professors, send to Faculty Personnel, faculty-personnel@brown.edu.
2. For BioMed Faculty appointments send to BioMed Faculty Affairs, BMFA@brown.edu.
3. For all appointments in the School of Engineering, send to School of Engineering Faculty Administration, soefa@brown.edu
4. For all appointments in the School of Public Health send to Manager, Faculty Affairs and Administration, sphfa@brown.edu
5. For all Brown University **paid** Postdoctoral Research Associates in the field of **Biology and Medicine** please send the Request for DS-2019 together with the appointment letter to the Associate Dean for Graduate and Postdoctoral Studies, Box G-A219, Fax: 3-2660.
6. For hospital-based faculty or staff, Please send this request form to the Department Chairperson, Division Director and/or Sponsor for approval. The Department Chairperson or Division Director will be required to submit a letter/memo recommending the Brown University appointment. The department will then forward the appropriate documentation to BioMed Faculty Administration, BMFA@brown.edu.
 - a. Brown appointment letters from the Dean of Medicine will be required. All letters should include the visitor's title, inclusive dates of employment, and funding information.

Faculty Personnel and the School of Engineering will forward the DS-2019 request to the Office of International Student and Scholar Services after the appointment letter is signed by the visitor and the visitor returns a copy of the appointment letter to the appropriate office. BioMed Faculty Affairs, School of Public Health, or the Associate Dean for Graduate and Postdoctoral Studies will send the appointment letter to the department at which time the department will need to send the complete request to OISSS@brown.edu.

Please allow for three weeks for OISSS to generate Form DS-2019