



# J-1 Extension Form

**Extensions require the approval of the Department. Be sure to type or print clearly:**

## SECTION 1: J-1 SCHOLAR INFORMATION (TO BE COMPLETED BY SCHOLAR)

NAME (as it appears in your passport): \_\_\_\_\_

Family Name (Surname)

Given Name (First)

Middle Name (if any)

### LOCAL CONTACT INFORMATION:

Physical Address: \_\_\_\_\_  
(Apt. or House)

Mailing Address: \_\_\_\_\_  
(P.O. Box)

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that the above information is correct and complete, and that I shall notify the University of any change in my personal information or research plans.

Scholar's Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

## SECTION 2: DEPARTMENTAL APPROVAL FOR J-1 EXTENSION

UM Academic Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dates of Extension for J-1 DS-2019: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year month day year

The funding requirement for a visiting scholar is a minimum level of support of \$1,971 per month.

If funds are from the University of Mississippi, international organization, independent grant, or government support, please attach a signed copy of any letters of award or sponsorship. If funds are personal, please have scholar attach an official bank statement not more than 6 months old.

SOURCE OF SCHOLAR FUNDING (UNIVERSITY, PERSONAL, ETC.)	NAME OR SOURCE OF FUNDING	FUNDING AMOUNT (SALARY)
		\$

### Required Signatures:\*

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair/ Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

\* Departments in the School of Pharmacy or Natural Products Center must also get approval from the Pharmacy Business Office