OFFICE OF INTERNATIONAL PROGRAM SERVICES (OIPS)
MOREHOUSE SCHOOL OF MEDICINE

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J-1 EXCHANGE VISITOR EXTENSION REQUEST FORM

J-1 exchange visitor name: _____
(Family name in CAPS)

Anticipated new end date for J-1 exchange visitor program (mm/dd/yyyy): _____

Current Financial Support (Minimum support for single researcher is $1750/month, plus $500/month for spouse and $200/month per child):

$_____MSM funds *per year/per entire extension period* (please circle as appropriate)

$_____Additional funds *per year/per entire extension period* provided by _____

Compliance Requirements:

☐ The Exchange Visitor's supervisor understands that the Exchange Visitor is required to engage ONLY in the activities described on this form, in the Department/Center indicated on this form, for the length of time indicated on this form. **The OIPS will be notified immediately if any changes are desired and before any changes are made.**

☐ The Supervisor will notify the OIPS when this Exchange Visitor completes this program.

_____	_____	____/_____/_____
(Supervisor's Name)	*(Signature)*	*(Date)*

CHECKLIST OF SUPPORTING DOCUMENTATION FOR EXTENSION REQUESTS

_____ Proof of insurance coverage for exchange visitor and any dependents at federal minimum levels of coverage (photocopy of MSM insurance card will suffice; if not on MSM plan, alternate evidence required)

_____ Evidence of financial support if coming from source outside Morehouse School of Medicine; financial support (from MSM or an external source) must include at minimum $1750/month per exchange visitor, $500/month for spouse, and $200/month per child

Please submit the request form, along with supporting documentation indicated on this checklist, to the OIPS. Completed requests will be processed within five days of receipt by the OIPS. Upon issuance of the form DS-2019, OIPS will provide the department with photocopy of the form and will contact the exchange visitor to sign and pick up the new form.