International Faculty & Scholar Office
International Center, UC San Diego
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FORM B: J-1 EXTENSION APPLICATION BY CURRENT SCHOLAR (201403)

DIRECTIONS: To be completed by the continuing UC San Diego J-1 scholars who are requesting an extension of stay. Submit the completed form and attachments to the sponsoring department. Any forms submitted to IFSO will not be forwarded to the department. Please type (online fill-able) or print clearly.

SECTION 1: PERSONAL INFORMATION

IMPORTANT: Attach a copy of your current I-94

1. Family/Last Name:	**Given/First Name:**	**Middle Name:**
2. E-mail Address:	**3. Telephone Number:**	
4. Current Residential Address:		
City:	**State:**	**Zip Code:**
5. Do you have a Medical Degree? (MD, D.O., MBBS, MBBCh) ☐ **No** ☐ **Yes**		
6. Has a labor certification (for U.S. permanent residence) ever been filed on your behalf and has it been approved? ☐ **No** ☐ **Yes**		
7. Has an immigrant (I-140) or alien relative (I-130) petition for permanent residence ever been filed on your behalf? ☐ **No** ☐ **Yes**		
8a. Are you currently inside the U.S? ☐ **No** ☐ **Yes**	**8b. If YES, do you have plans to travel outside of the U.S. while the application is pending?** ☐ **No** ☐ **Yes** provide travel dates:	
9a. Are you subject to the two-year home country residence requirement- 212(e)? ☐ **No** ☐ **Yes** (see original DS-2019 consular section & J-1 visa stamp annotation)	**9b. If YES, have you applied for the 212(e) waiver?** ☐ **No** ☐ **Yes** (include a copy of the recommendation letter or USCIS approval notice)	

SECTION 2: DEPENDENT INFORMATION

10. Please complete this section for any family members who will **continue in J-2 status, including those currently outside of the U.S.** Notify our office immediately if your dependent is no longer in J-2 status. Include copy of I-94 for each dependent currently inside the U.S.

Family Name, First Name, Middle Name	Relationship (i.e. wife, son, etc.)	Date of birth (i.e. Jan. 1, 2000)	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence

SECTION 3: SCHOLAR CERTIFICATION

Please read carefully and sign.

- U.S. government regulations require that all participants in J-1 exchange visitor status (and J-2 dependents) purchase adequate health insurance as defined by the U.S. Department of State. You need to sign Form C: Health Insurance Memo of Understanding.
- You must notify IFSO upon your departure from UC San Diego.

Signature: _____ **Date:** _____