

# Program Extension: J-1 Scholars

## SCHOLAR INFORMATION (TO BE COMPLETED BY THE SCHOLAR)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 IIT ID#: \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Host Department: \_\_\_\_\_ Date of first entry on J-1: \_\_\_\_\_

## PROGRAM EXTENSION INFORMATION (TO BE COMPLETED BY THE HOST DEPARTMENT)

Reason for Program Extension: \_\_\_\_\_

Expected end date of research/teaching (mm/dd/yyyy): \_\_\_\_\_

Funding for this extension will be provided by:

IIT Funds: \$ \_\_\_\_\_

US Government Agency: \$ \_\_\_\_\_

Other Organization: \$ \_\_\_\_\_

Personal Funds: \$ \_\_\_\_\_

Dept. Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Contact Name (Printed): \_\_\_\_\_ Phone Extension: \_\_\_\_\_

## SCHOLAR ACKNOWLEDGEMENT (TO BE COMPLETED BY THE SCHOLAR)

By signing below, I acknowledge and attest to the following:

- I have health insurance that meets the J-1 requirements for the extended period of time listed above.
- I understand that I must continue to maintain J-1 status. I will notify the International Center if I or my dependents depart the US permanently.
- If I receive funding from IIT, I understand that, upon receiving my updated DS-2019, I must bring my immigration documents to Human Resources to update the I-9 form for employment eligibility.
- I understand that Research Scholars/Professors are permitted to stay in the US for a maximum of 5 years and Short-Term Scholars are permitted to stay in the US for a maximum of 6 months.

Scholar Signature: \_\_\_\_\_ Date: \_\_\_\_\_