



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: month / day / year through month / day / year

The funding requirement for a visiting scholar is a minimum level of support of \$1,300 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.

Table with 3 columns: 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