## J-1 Extension Request

## International Student and Scholar Services



Please complete this form and return it and all required documentation to: Kate Comiskey, International Affairs, 5209 University of Oregon OR ischolar@uoregon.edu

Visiting Scholar:				
Name:(Family N		(First Name)	(Middle	e Name)
Address:				
New extended program date: _				
Please attach proof of additiona Services website: <a href="https://isss.uo">https://isss.uo</a>		-	ncial requirements	on the ISSS Scholar
Will you be sponsoring depende	ents? Yes No	)		
If yes, , please include the separate attachment.	e dependent(s)' na	ame, date of birth, ci	ty of birth and rela	ationship to you on a
Department:				
Name of Department:				
Campus Address:				
Name of Department Contact: .				
	(Family Nam	e) (First	: Name)	(Middle Name)
Email:				
Please attach proof of extended	university spons	orship:		
Extended Courtesy Appoin	tment Letter, or			
New employment contract	, or			
Department memo detailir	g employment ex	ktension, including d	ates, salary, and po	osition
Signature of authorized depa	rtment represen	tative		
Title				 Date