J-1 Extension Request

International Student and Scholar Services



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

Visiting Scholar:				
Name:				
(Family Na	ıme)	(First Name)	(/	Middle Name)
Address:				
New extended program date:				
Please attach proof of additional Services website: https://isss.uor			financial requirer	nents on the ISSS Scholar
Will you be sponsoring depende	nts? Yes N	О		
If yes, , please include the separate attachment.	dependent(s)' r	name, date of bir	th, city of birth ar	nd relationship to you on a
Department:				
Name of Department:				
Campus Address:				
Name of Department Contact: _				
	(Family Nar	ne)	(First Name)	(Middle Name)
Email:				
Please attach proof of extended	university spon	sorship:		
Extended Courtesy Appoint	ment Letter, or			
New employment contract,	or			
Department memo detailin	g employment e	extension, includ	ing dates, salary, a	and position
Signature of authorized depa	rtment represer	ntative		_
	1			
Title				Date