

## **J-1 EXTENSION REQUEST CHECKLIST**

**Exchange Visitor's Name:** \_\_\_\_\_

<b>Part One:</b> Forms and supporting documentation required of the Host Department
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**DS-2019 Department Request Form** – VITS generated and completed

**P-39 Recharge Form**

**Visa Processing**

**DCISS SEVIS User Recharge Fee**

**J-1 Physicians Scholar**

(required if the scholar is a foreign physician participating in UCLA's J-1 exchange visitor program - with signature of faculty sponsor)

<b>Part Two:</b> Forms and supporting documentation required of the Exchange Visitor
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**Exchange Visitor Supplement Extension Request Questionnaire** – completed and with signature

**Copy of biographical page of passport** for J-1 scholars and dependents (if applicable)

**Copy of current I-94**

**Copy of DS-2019 Forms**

**Current CV**

**Letter or Proof of Financial Support** – if not funded by UCLA

**Proof of medical, repatriation, and evacuation insurance** - for applicant and dependents

Preparers Name Printed	Preparers Signature	Date
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