Office of International Services

USC

DS-2019 Extension Request (Certificate of Eligibility for J-1 Status)

To be completed by the sponsoring USC Department

Campus (Select one): ☐ UPC ☐ HSC ☐ CHLA ☐ ICT ☐ ISI

Section 1: Applicant's Personal Information *Must match biographical info in passport*

Passport Last Name: _____   Passport First Name: _____

Gender: ☐ Male   ☐ Female   Date of Birth: _____
(mm/dd/year)

SEVIS ID (Required):   N _____   (i.e. N0012345678)

USC Email Address: _____

U.S. Phone Number: _____

Section 2: J-1 Program Information at USC

Current End Date (As indicated on DS-2019): _____ (mm/dd/year)

New Extended End Date (As indicated on new Invitation Letter): _____ (mm/dd/year)

Has the applicant been approved for a waiver [212(e)]?   ☐ Yes (If yes, please contact OIS)   ☐ No

Section 3: Department Information *Please do not abbreviate any information*

USC Sponsoring Academic Department (No abbreviations): _____

Department Contact Name	Email Address	Phone
Sponsoring Faculty Member Name	Email Address	Phone
Department Name	Street Address	Building	Room #
City	California State	Zip Code	Mail Code

Section 4: Approval Signatures *Both signatures required*

Sponsoring Faculty Member's Name	Signature	Date (mm/dd/year)
Department Chair or Center Director's Name	Signature	Date (mm/dd/year)

USC Student Affairs

Section 5: Source of Funding *Refer to funding requirements*

Number of Months for
EXTENDED USC Appointment: _____

J-2 Dependents: ☐ Spouse ☐ Children: *(How many?)* _____

Applicant and dependents will have health insurance coverage during extended J status: ☐ Yes ☐ No

Check all that apply and indicate applicant's <u>monthly</u> funding source(s). *Personal funds should only indicate the minimum funding required. If applicable, include tuition and fees for enrolled students.*

☐ USC *(Departmental budget, grant, etc.):* $ _____ Per month

☐ Other organizations providing support: Specify: _____ $ _____ Per month

☐ U.S. Government Agency: Specify: _____ $ _____ Per month

☐ Applicant's Home Government Agency: Specify: _____ $ _____ Per month

☐ Applicant's personal funds: (Only calculate required amount including funds for J-2 Dependents) $ _____ Per month

Total $ _____ Per month

Total funding per month: $_____ x Number of EXTENDED months _____ = Final Total $ _____

Does this amount meet OIS funding requirements for J-1 and J-2s? ☐ Yes ☐ No

Section 6: J-1 Screening Questions *This section must be completed by the head researcher or faculty advisor*

To be completed for the following categories: Research Scholars, Short-Term Scholars, and Non-Degree Students conducting full time research

1.	Are there any personnel restrictions for this project based on nationality?	☐ Yes	☐ No
2.	Are there any publication restrictions on the output of this research?	☐ Yes	☐ No
3.	Will the beneficiary be provided access to any of the following:		
	a) Technology or information marked export-controlled?	☐ Yes	☐ No
	b) Sponsor or third-party proprietary or confidential materials, information, or software?	☐ Yes	☐ No
	c) Encryption source code?	☐ Yes	☐ No
	d) Equipment or information specifically designed or developed for military or space applications?	☐ Yes	☐ No

4. If you answered "yes" to any of the above questions, please summarize the nature of the work to be performed:

_____
_____
_____
_____
_____
_____

USC Student Affairs