

Faculty Advancement & Student Success
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-1623
O: 619 594-6111
SDSU.edu

J-1 AMENDMENT/EXTENSION REQUEST FORM (COLLEGE)

This form should be completed by the college or department representative. All fields are required. Any missing fields will result in the delay of the J-1 DS-2019 processing.

mily Name:				Gender:	Male	Fe
iven Name:				-		
Pate of Birth:		City & Count	ry of Birth:			
Program Dates:		to	SEVIS ID:			
nm/dd/yyyy)	Start Date	End Date				
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Proof of financial support is required for the entire duration of the J-1 scholar's program. The minimum amount of funding for J-1 scholars who began their program **prior to January 2019** is as follows:

J Туре	Minimum Amount of Financial Support Required
J-1 Research Scholar, Professor, Short-Term Scholar, Student Intern	\$1,600 per month
J-2 spouse	\$500 per month
J-2 child (under 21 years old)	\$250 per month

Section 2: Type of Request (continued)

The minimum amount of funding for J-1 scholars who began their program **January 2019 or later** is as follows:

J Туре	Minimum Amount of Financial Support Required
J-1 Research Scholar, Professor, or Short-	\$2,400 per month
Term Scholar	
J-1 Student Intern	\$2,207 per month
(Graduate Student Abroad)	
J-1 Student Intern	\$2,012 per month
(Undergraduate Student Abroad)	
J-2 spouse	\$800 per month
J-2 child (under 21 years old)	\$400 per month

Please indicate **all** source(s) of funding by checking the appropriate box and filling in the amount of funding for each. Evidence of the funding must be provided in the form of official letters, bank statements, etc. **The evidence must be in English and in US dollars.** If the document is not in English, it must be translated. Additionally, if the funding amounts are not in US dollars, a printout of the currency conversion must be included with the evidence.

Source of Funding	Amount
	(in US dollars)
San Diego State University	\$
SDSU Research Foundation	\$
Exchange Visitor's Government	\$
All Other Organizations	\$
Name of Organization(s):	
Personal Funds	\$

TOTAL AMOUNT \$

Add a Dependent

Please complete the chart below if you would like to add J-2 dependent under the J-1 scholar. Note that only a legal spouse and unmarried children under 21 years of age qualify as J-2 dependents. Please provide copies of each of the dependents' passport biographical page.

Name of Dependent	Relationship	Date of Birth	City & Country of Birth	Country of Citizenship

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