

## REQUEST FOR DEPARTMENT OF STATE (DOS)/DEPARTMENT OF HOMELAND SECURITY (DHS) EXTENSION OF J-1 EXCHANGE VISITOR

This form must be completed by an NIH Institute/Center (IC) to request an exceptional J-1 extension beyond the five (5) year maximum duration in the G-7 program. It requires signatures from the Scientific Director and Exchange Visitor. This form and the extension request package must be received by the DIS no less than \*six (6) months\* prior to the expiration date of the Exchange Visitor's current Form DS-2019. Please note that the IC is required to pay a \$233 non-refundable extension fee. See DIS Technical Advisory #11 (http://dis.ors.od.nih.gov/advisories/technicaladvisory11.pdf) for details on the required documentation and fee payment.

Name of Exchange Visitor:	Date:
IC: Lab/Branch Name:	
Name of IC Sponsor/Supervisor:	
Dates of stay requested - Begin Date:	Not-to-Exceed (NTE) Date:
Did the Exchange Visitor transfer his/her J-1 program from anot	her U.S. institution to the NIH?  Yes  No
➤ Is this a second request for an exceptional extension?	
Does the Exchange Visitor has any plans to travel outside the U.S. between now and the next 12 months?   Yes   No If yes, please list dates of travel (even if tentative):	
SCIENTIFIC DIRECTOR CERTIFICATION:	
I have reviewed this extension request. My IC requires the Exchange No guarantees or promises have been made regarding the filing or ap and Homeland Security determine final approval of this extension.	Visitor's continued stay to successfully conclude government research. proval of this extension. I understand that the Departments of State
Name: S	Signature:
EXCHANGE VISITOR CERTIFICATION:	
Homeland Security determine final approval of this extension. I under • I am not able to transfer my J-1 status to another J-1 program outsic	le NIH, except for other programs designated as "G-7." a terminal extension, such as a terminal 3-month fellowship extension year. address tand that I may only return to the NIH intramural research
Signature:	Date:
Note to Exchange Visitor: Attach copies of all your Forms DS-2019 (front only) and current Form I-94 (front and back) to this form.	
**************************************	SE ONLY************************************
Transfer of SEVIS record to G-7 Program	Payment Fee
Submission of Extension beyond Max Duration in SEV	IS Mailing of Supporting Documents to DOS





U.S. Department of Health and Human Services

National Institutes of Health

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