

EXTENSION DS-2019 FORM REQUEST FORM

Please do not leave any lines blank.

NAME _____
Last (Surname/Family) First Middle

MTU EMAIL _____ MTU M-NUMBER _____

CURRENT U.S. ADDRESS _____

ORIGINAL CATEGORY

- Short-term Visiting Research Scholar (6-months maximum)
- Professor (5-year maximum)
- Visiting Research Scholar (5-year maximum)

PURPOSE OF REQUEST: Extend an on-going program (Students use Program Extension Form)

DATES: ORIGINAL From _____, 20____ **NEW** To _____, 20____

FINANCIAL SPONSORSHIP BY _____

AMOUNT OF SUPPORT \$ _____ (Attach proof of support for extension - \$8,000 minimum per year)

MEDICAL INSURANCE (You must check one of the boxes below.)

- THE SCHOLAR IS/WILL BE AN MTU EMPLOYEE WITH MEDICAL BENEFITS.
- The Exchange Visitor has been reminded to renew medical insurance for the period of the renewed DS-2019

PERSON COMPLETING THIS FORM _____

DEPARTMENT _____ Phone for follow-up _____

DEPARTMENT HEAD APPROVAL (**REQUIRED**) _____

Please return this form to International Programs and Services, 131 Administration Building.

We will email the exchange visitor to come to the IPS Office to sign and pick up the new DS-2019 when it is ready.