

J 1 (DS 2019) EXTENSION APPLICATION CHECKLIST

Name	Banner ID
<input type="checkbox"/> An IRB for \$150 made payable to OISS. The \$150 is a departmental fee and cannot be paid by the scholar	
<input type="checkbox"/> OISS DS-2019 Request Forms	
<input type="checkbox"/> Copy of Wayne State University's Letter of Offer of employment	
<input type="checkbox"/> Copy of WSU's invitation letter, if funded by source other than WSU	
<input type="checkbox"/> Certified financial document, if funded by source other than WSU	
<input type="checkbox"/> Copies of previous DS-2019/IAP-66's, if any	
<input type="checkbox"/> Copy of his/her resume or CV, indicating a completion of a bachelor's degree (minimum) in a related field	
<input type="checkbox"/> Copy of his/her passport	
<input type="checkbox"/> School of Medicine only - original Alien Physician Letter for an initial DS-2019 for M.D.	
<input type="checkbox"/> Number of dependent(s) accompanying J-1 scholar	
<input type="checkbox"/> If requesting J-2 DS-2019(s), attach proof of relationship, such as a marriage or birth certificate	
<input type="checkbox"/> If requesting J-2 DS-2019(s), attach a copy of the dependent's passport	
<input type="checkbox"/> Other	

Please allow 10 business days for processing. In certain cases, such as transfer, amendment, etc., we will require more documentation/information. Please note that it could take more than 10 days for processing, as coordination with another J-1 sponsor might be needed.

OISS STAFF ONLY

	From Date	To Date
<input type="checkbox"/> Verified Health Insurance Coverage		
<input type="checkbox"/> Verified Repatriation Coverage		
<input type="checkbox"/> Verified SEVIS Payment		
Verified by: _____ Date: _____		