



DEPARTMENT QUESTIONNAIRE

J

DEPARTMENT REQUEST FOR J-1 EXTENSION

NAME OF DEPARTMENT/SCHOOL: _____

NAME OF J-1 EXCHANGE VISITOR _____

CHECKLIST – ICS must have all of these documents in order to extend the DS-2019

- ___ Department Questionnaires with all questions answered
- ___ Current passport biographical data page showing expiration date (if ~~changed~~ since J
- ___ Current J-1 visa stamp (if any)
- ___ Current ~~94~~ document
- ___ Proof of Insurance (medical, repatriation of remains and medical evaluation ~~insurance~~) for J
- ___ Proof of Insurance ~~for~~ family members

EXCEPT FOR THE QUESTIONNAIRE, ALL OF THE DOCUMENTS IN THE CHECKLIST ARE WITH THE J

DEPARTMENT QUESTIONNAIRE – J-1 EXTENSION

Department Name:	
Department Address (and mail stop #)	
Department Administrator Contact:	Name: _____ Phone: _____ Email: _____@ttuhsc.edu
Supervising Professor:	Name: _____ Phone: _____ Email: _____@ttuhsc.edu
Exchange Visitor Intended Job Title:	
J-1 Category Requested:	<input type="checkbox"/> Professor <input type="checkbox"/> Research Scholar <input type="checkbox"/> ShortTerm Scholar (maximum 6 months) <input type="checkbox"/> Specialist <input type="checkbox"/> Student Intern (not yet active at TTUHSC)
J-1 Employee Information:	Last Name: _____ First Name: _____ Middle Name: _____ Raider #: R _____
Brief, Non-Technical Description of Duties:	

FullTime/PartTime: FullTime
 PartTime Hours/week: 17.0:9 (of E12 -x (e

____ I confirm that the information given in this form is true, complete, and accurate.