



Office of International Student and Scholar Services
 Center for International Studies
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 St. Louis, Missouri 63121
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**EXTENSION OF STAY FOR J-1 SCHOLARS
 To Be Completed By The Sponsoring Department**

Scholar's Name:

(Family/Last Name)

(Given/First Name)

Campus Mail Address:

St. Louis Home Address: _____

Extension of stay requested until following date _____

Brief description of the activity in which the scholar is engaged:

Amount of financial support the scholar will receive from each of the following sources:

- _____ UM-St. Louis (i.e. on University payroll, even if funds come from a federal agency)
 \$ _____
- _____ A U.S. government agency, paying the scholar directly \$ _____
- _____ An international organization \$ _____
- _____ The scholar's government \$ _____
- _____ All other organizations \$ _____
- _____ The scholar's personal funds \$ _____

Authorized by:

(signature of faculty member)

(signature of department chair – if University funded position)

Name (print): _____

Name (print): _____

Department: _____

Date: _____

Campus Mailing Address: _____

Telephone Number: _____

E-mail address: _____

Date: _____