



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.

Office of Institutional Compliance

## DEPARTMENT QUESTIONNAIRE

### J-1 EXTENSION ONLY

(FY 2020)

Complete ONSCREEN & Submit ELECTRONICALLY  
NO HANDWRITTEN REQUESTS WILL BE PROCESSED.  
THANK YOU FOR YOUR COOPERATION!

TTUHSC Institutional Compliance  
Immigration Compliance & Services  
3601 4<sup>th</sup> Street, MS 8165  
Lubbock, TX 79430  
Phone: (806) 743-3949  
Email: [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)

**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-1 filing)
- \_\_\_ Current J-1 visa stamp (if any)
- \_\_\_ Current I-94 document
- \_\_\_ Proof of Insurance (medical, repatriation of remains and medical evaluation insurance) for J-1 and J-2
- \_\_\_ Proof of Insurance for J-2 family members

*EXCEPT FOR THE QUESTIONNAIRE, ALL OF THE DOCUMENTS IN THE CHECKLIST ARE WITH THE J-1*

**SOURCE OF FUNDING FOR EXCHANGE VISITOR**

<b>TTUHSC MINIMUM FUNDING REQUIREMENTS</b>		
<b>J-1, \$1450.00</b>	<b>J-2 (spouse); \$450.00</b>	<b>J-2 (child); \$250.00</b>

- \_\_\_ TTUHSC Funding Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_ US Government Agency (Name: \_\_\_\_\_) Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_ International Organization (Name: \_\_\_\_\_) Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_ Exchange Visitor's Government Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_ Exchange Visitor's Personal Funds Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_ Other Funding Source Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
Explain Other Funding Source: \_\_\_\_\_

Was funding provided specifically for:

- \_\_\_ International Education?
- \_\_\_ Exchange Visitor Program?
- \_\_\_ Exchange Visitor (was Exchange Visitor named in funding application or approval?)

**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"/> Short-Term Scholar ( <i>maximum 6 months</i> ) <input type="checkbox"/> Specialist <input type="checkbox"/> Student Intern ( <i>not yet active at TTUHSC</i> )
J-1 Employee Information:	Last Name: _____ First Name: _____ Middle Name: _____ Raider #: R _____
Brief, Non-Technical Description of Duties:	
Full-Time/Part-Time:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Hours/week: _____
Is Exchange Visitor Eligible for TTUHSC Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J-1 Program Extension Start & End Dates:	—

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