

## LETTER TO EXTEND J-1 EXCHANGE VISITOR PROGRAM

University of Colorado at Colorado Springs  
International Student Services (ISS)

Date:

Irene B. Martinez, Director  
Responsible Officer, J-1 Program, International Student Services  
University of Colorado – Colorado Springs  
1420 Austin Bluffs Parkway, Room 104  
Colorado Springs, CO 80933

Dear Irene:

I am writing to request that the J-1 Exchange Visitor program for \_\_\_\_\_ be extended from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) – maximum of 18-months extension at a time... This extension is necessary for \_\_\_\_\_ to complete his/her advanced degree requirements in the \_\_\_\_\_ (Doctorate/Masters/Undergraduate) Program.

Mr./Ms. \_\_\_\_\_'s academic progress has been excellent. His/Her proficiency in the English language is \_\_\_\_\_. Mr./Ms. \_\_\_\_\_ has maintained all terms of his/her status as J-1 student in good standing at UCCS.

In the \_\_\_\_\_ (program name), Mr./Ms. \_\_\_\_\_ continues to be enrolled in a full-time course of study which includes a minimum of 1 year of didactic course work and 3 years of thesis research. [Briefly describe the student's progress to date and plans for the duration of the extension.]

### **Statement of Support: [Choose one option below]**

a) Mr./Ms. \_\_\_\_\_ will receive a stipend/fellowship of \$ \_\_\_\_\_ annually, tuition credit and University Student Health Insurance, providing he/she maintains good academic standing. The Program defines good academic standing as 3.0 GPA or better without any grade lower than a "B" in any required course. (A copy of this written support documentation must be attached to this letter.)

b) Mr./Ms. \_\_\_\_\_'s home government/institution will provide financial support in the amount of \$ \_\_\_\_\_ monthly/annually. (Written documentation of this support signed by the appropriate official must be attached to this letter.)

### **Health Insurance**

Federal regulations require that all J-1 participants and their dependents have adequate medical/life insurance coverage which provides 1) \$50,000 of coverage per accident or illness, which may include a deductible of up to \$500 and up to a 25% co-insurance provision; 2) \$7,500 for repatriation of remains; and 3) \$10,000 for emergency evacuation back to your country. Failure to maintain insurance coverage will result in termination of your J-1 status.

Family Members

Insert information here about any dependents who reside with the student. Funding and insurance coverage needs to be confirmed for all dependents as well as the student.

<u>First Name</u>	<u>Last Name</u>	<u>DOB</u>	<u>Birth City</u>	<u>Country</u>	<u>Relationship</u>

Sincerely,

I Concur:

I Concur:

\_\_\_\_\_  
Faculty Sponsor  
Name & Title

\_\_\_\_\_  
Department Chair or  
Dean  
Name & Title

\_\_\_\_\_  
Irene B. Martinez  
Responsible Officer  
J-1 Program, P-1-05045

I accept the offer under the terms outlined above.

\_\_\_\_\_  
J-1 Exchange Visitor  
Name  
Print or Type

\_\_\_\_\_  
J-1 Exchange Visitor  
Signature

\_\_\_\_\_  
Date

(NOTE: If this is a fax copy, please initial each page of the letter.)