

DOCUMENT CHECKLIST FOR REQUESTING AN EXTENSION FORM DS-2019 FOR EXCHANGE VISITOR SCHOLARS

| EMAIL: | FAX: |
|-----------------------------|---|
| EXTENSION: | |
| PERSON COMPLETING F | ORM: |
| | |
| purchase order number. | |
| | if paid by FIU department with |
| Completed Medical Insu | rance enrollment form with |
| dollars. | |
| Personal bank lette | er indicating funding in US |
| government in English in | ndicating funding in US dollars. |
| Letter from spons | oring university, organization or |
| Funding (if it is from FIU | J, must be included in the offer letter). |
| FIU offer letter (needs to | be signed by the deall). |
| FILL offer letter (needs to | he gianed by the doon) |
| Completed application re | equesting an extension form DS-2019. |