

J-1 Site of Activity: _____

J-1 Secondary/ Off-Campus Site of Activity: *(if applicable)* _____

Section 3: Financial Information

List the total funding amount in **US Dollars** to cover the request period of extension in Section 2:

UCSB Funds: \$ _____

Personal Funds: \$ _____

Other Funds – Name of Organization: _____
\$ _____

Section 4: J-2 Dependents

List all family member(s) currently in the J-2 Dependent status or to request a J-2 DS-2019 form for family member(s) applying for the J-2 Dependent status. **Note: J-2 Dependents are spouse and children under the age of 21.**

Name (Last/First/Middle)	Date of Birth	Relationship	City/Country of Birth	Country of Citizenship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UCSB J-1 Sponsor Declaration

I HEREBY APPROVE above-mentioned J-1 Exchange Visitor’s request to extend the J-1 program so that he/she may continue their J-1 academic program at the University of California, Santa Barbara.

Name of Chairperson or Institute Director: _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____

Employing UCSB Department/Institute Contact: _____

Phone Number: _____

Email: _____

J-1 Exchange Visitor’s Signature _____ Date: _____