
**J-1 SHORT-TERM SCHOLAR VISA
PROGRAM DATE CHANGE REQUEST FORM**

Date changes must be made within 30 days of the beginning date listed on the DS-2019. International Health insurance must match the start and end date. Dates cannot be changed after program participant(s) are validated. (i.e. upon arrival at Lincoln Memorial University)

Name of partner institution: _____

Length of program: _____

Dates on MOU (if applicable): _____

Current dates of programs:

-Beginning date: _____

-End date: _____

Proposed date changes:

-Beginning date: _____

-End date: _____

Reason for date change: _____

Signature of authorized party of Partner Institution

Name: _____

Job title: _____

Date of request: _____

Signature of authorized party of Lincoln Memorial University

William Conrad Daniels
Director, Community College Relations & Veteran Services
Acting Dean of Admissions

Date of authorization: _____