

### DS-2019 REQUEST FORM

This form is for requests from current, continuing, or returning UCSB students. Please complete all sections on front and back, and submit supplemental documents when required. Submit request either in person, by mail, by fax or email to the address listed at the top right-hand corner of this form.

Allow 10 working days to process this application. Please contact OISS at 805-893-2929 or [oiss@sa.ucsb.edu](mailto:oiss@sa.ucsb.edu) if you have any questions.

#### PERSONAL INFORMATION

Name \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Gender:  Female  Male  
Family/Primary Name First/Given Name Middle Name

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

PERM # \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Level of Study:  Ph.D.  M.A./M.S.  B.A./B.S.  Non-Degree Major: \_\_\_\_\_

Home Country Address (Not a PO Box)

Local Address (Not a PO Box)

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
City/District/State/Province

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Country Postal Code

I have entered/will enter this information online in GOLD

#### REASON FOR DS-2019 REQUEST (Check one of the following)

<p><b>Post-Completion Academic Training</b></p> <ul style="list-style-type: none"> <li>• Attach <ul style="list-style-type: none"> <li><input type="checkbox"/> Academic Training Recommendation Form</li> <li><input type="checkbox"/> Job Offer letter</li> <li><input type="checkbox"/> Copy of bank statement(s) and/or financial support letter(s)</li> </ul> </li> <li>• Complete Financial Information section of this form</li> </ul>	<p><b>Add Dependent(s)</b></p> <ul style="list-style-type: none"> <li>• Attach <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of bank statement(s) and/or financial support letter(s)</li> <li><input type="checkbox"/> Copy of dependent's biographical page from passport</li> <li><input type="checkbox"/> Copy of marriage certificate or birth certificate with English translation</li> </ul> </li> <li>• Complete Financial Information section of this form</li> <li>• Complete Dependent Information section of this form.</li> </ul>	<p><b>Change of Status to J-1</b></p> <ul style="list-style-type: none"> <li>• Current status (F-2, J-2, etc.): _____</li> <li>• Attach required documents as specified on Change of Status information sheet</li> <li>• Complete Financial Information section of this form</li> </ul>
<p><b>Extend Program</b></p> <ul style="list-style-type: none"> <li>• Attach <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of bank statement(s) and/or financial support letter(s)</li> <li><input type="checkbox"/> Program Extension Form</li> </ul> </li> <li>• Complete Financial Information section of this form</li> </ul>	<p><b>Program Level Change</b></p> <ul style="list-style-type: none"> <li>• Attach <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of UCSB admission letter or degree change petition as soon as approved</li> <li><input type="checkbox"/> Copy of bank statement(s) and/or financial support letter(s) and/or department offer of support</li> </ul> </li> <li>• Complete Financial Information section of this form</li> </ul>	<p><b>Replacement DS-2019</b></p> <ul style="list-style-type: none"> <li>• Reason for replacement: <ul style="list-style-type: none"> <li><input type="checkbox"/> Lost</li> <li><input type="checkbox"/> Stolen</li> <li><input type="checkbox"/> Damaged</li> <li><input type="checkbox"/> Updated</li> </ul> </li> <li>* If <b>Updated</b>, specify updates and attach proof of updates (i.e. financial support letter for financial update, or new passport biographical page for name change):</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul>

**FINANCIAL INFORMATION (FOR ONE ACADEMIC YEAR)**

We cannot issue the DS-2019 form unless you provide documentation showing at least the minimum financial amount required for the current academic year. For current amounts please see our website at:

<http://oiss.sa.ucsb.edu/Students/FinancialRequirements.aspx>.

<b>Personal Funds</b> Attach an original bank statement (on bank letterhead) in your name that is less than 6 months old, showing the amount of funding in US dollars.	\$ _____
<b>Family or Sponsor Funds</b> Attach an affidavit of financial support from your sponsor that states that they will support you (listing their name/address) and an original bank statement (on bank letterhead with sponsors' name) that is less than 6 months old, showing the amount of funding in US dollars.	\$ _____
<b>UCSB Funds</b> Attach original financial support letter from your academic department specifying amount and source such as tuition, fees, or on-campus employment.	\$ _____
<b>Other Funds</b> NOTE: Attach original copy of funding source (i.e., fellowship, grants, etc...)	\$ _____
<b>TOTAL</b>	\$ _____

**DEPENDENT INFORMATION (SPOUSE OR CHILDREN ONLY)**

Please complete the following information for each family member for whom you are requesting the DS-2019 form and attach a copy of their passport biographical page and marriage/birth certificate proving their relationship to you. You must also submit this information online at our UCSB SEVIS website: <https://issd.sa.ucsb.edu/Students/index.asp>

Name _____ <small>(Last Name, First Name, Middle Name)</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship (spouse or child): _____	Date of Birth: _____ <small>(mm/dd/year)</small>
Country of Birth: _____	Country of Citizenship: _____
Name _____ <small>(Last Name, First Name, Middle Name)</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship (spouse or child): _____	Date of Birth: _____ <small>(mm/dd/year)</small>
Country of Birth: _____	Country of Citizenship: _____
Name _____ <small>(Last Name, First Name, Middle Name)</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship (spouse or child): _____	Date of Birth: _____ <small>(mm/dd/year)</small>
Country of Birth: _____	Country of Citizenship: _____
Name _____ <small>(Last Name, First Name, Middle Name)</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship (spouse or child): _____	Date of Birth: _____ <small>(mm/dd/year)</small>
Country of Birth: _____	Country of Citizenship: _____

**OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION**

Approved  Denied DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_