

### DS-2019 REQUEST FORM (SCHOLARS)

This form is for requests from current UCSB J-1 Exchange Visitors. Please complete all sections of the form, and submit supplemental documents when required. Submit request either in person, by mail, OR fax 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 805-893-2211 or [J1Scholar@sa.ucsb.edu](mailto:J1Scholar@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)

SEVIS ID: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

U.S. Living Address (Not a PO Box)

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Street Address 1 Street Address 2 City/State/Zip Code

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

<p><input checked="" type="checkbox"/> <input type="checkbox"/> <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 on other side of this form</li> </ul>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> <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      <input type="checkbox"/> Stolen      <input type="checkbox"/> Damaged</li> <li><input type="checkbox"/> Updated (<i>Name Change, Funding Change, etc.</i>)</li> </ul> </li> <li>* If <b>Updated</b>, specify updates and attach proof of updates (i.e. new passport photo page for name change, or financial support letter for financial update):</li> </ul> <p>_____</p> <p>_____</p> <p>_____</p>
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#### 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 your J-1 program. For current amounts please see our website at: <http://oiss.sa.ucsb.edu/scholars/prospective-j-1-scholars/financial-requirements>

<b>UCSB Funds</b> Attach original financial support letter from your academic department specifying amount and source, such as reimbursement, honorarium or temporary appointment.	\$ _____
<b>U.S. Government Agency (i.e. Fulbright Commission)</b> Attach an affidavit of financial support from your sponsor that states that they will support you (listing their name/address) that is less than 3 months old, showing the amount of funding in U.S. dollars.	\$ _____
<b>Home Country Government Agency</b> Attach an affidavit of financial support from your sponsor that states that they will support you (listing their name/address) that is less than 3 months old, showing the amount of funding in U.S. dollars.	\$ _____
<b>Personal Funds</b> Attach an original bank statement (on bank letterhead) in your name that is less than 3 months old, showing the amount of funding in U.S. dollars.	\$ _____
<b>Other Funds</b> Attach original copy of funding source (i.e., fellowship, grants, etc.)  Name of Financial Organization: _____	\$ _____
<b>TOTAL</b>	\$ _____

**DEPENDENT INFORMATION (SPOUSE OR UNMARRIED CHILDREN UNDER 21 YEARS OLD)**

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

Name \_\_\_\_\_ Gender:  Female  Male  
(Last Name, First Name, Middle Name)

Relationship (spouse or child): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_ Legal Permanent Residence Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Gender:  Female  Male  
(Last Name, First Name, Middle Name)

Relationship (spouse or child): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_ Legal Permanent Residence Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Gender:  Female  Male  
(Last Name, First Name, Middle Name)

Relationship (spouse or child): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_ Legal Permanent Residence Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Gender:  Female  Male  
(Last Name, First Name, Middle Name)

Relationship (spouse or child): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_ Legal Permanent Residence Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Gender:  Female  Male  
(Last Name, First Name, Middle Name)

Relationship (spouse or child): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_ Legal Permanent Residence Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION**

Processed RO/ARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_