REQUEST FOR DS-2019 FORM FOR J-1 EXCHANGE VISITOR STUDENT

Please provide all the information below for the issuance of the DS-2019 form for the J-1 Exchange Visitor Student status. This request form also requires the signature of your academic advisor* authorizing OISS to issue the DS-2019 form. (EAP students can obtain an authorizing signature from the campus EAP Office.)

I am requesting a new DS-2019 form for:

- [ ] Beginning a new J-1 Exchange Visitor Student program with UCSB
- [ ] Extending my current J-1 Student status with UCSB
- [ ] Changing my educational level from __________ to __________
- [ ] Family member(s) accompanying me in J-2 status (Please complete the Dependent Information section on the other side of this form)

Name: __________________________________________
Last           First           Middle
Perm number: ________________________________

I am requesting this DS-2019 form to engage in the following educational activity:

Bachelor’s _____ Master’s _____ Ph.D. _____ EAP Studies _____ Academic Training _________

Major or academic department: ________________________________________________________

DS-2019 form to cover the period from: ___________ to ___________
month/day/year           month/day/year

(Note: Estimate of financial support is required for the period covered)

Please list the Source(s) and estimated Amount(s) of financial support for the period covered on the DS-2019:

UCSB (i.e. teaching/research assistantship, fellowship, etc.)........ $__________________________

Personal/Family Funds..........................................................$__________________________

Other Organization.............................................................$__________________________

Specify organization: _________________________________________

Student’s signature: ________________________________

Student’s email: ________________________________ Student’s phone: _____________________

*An Academic Advisor’s signed authorization is required on the other side of this form.
Authorization from Academic Advisor

The above named student will be pursuing the educational activity indicated on this form during the period requested.

Signature of academic advisor: ___________________________ Date: ________
Name of advisor: ______________________________________
Advisor’s email: ________________________________________

Dependent Information

Please complete the following Information for your spouse and/or dependent children who are accompanying you in the J-2 status:

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<thead>
<tr>
<th>Name/Relationship</th>
<th>Birthdate (month/day/year)</th>
<th>Birthplace (city, country)</th>
<th>Nationality</th>
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