

Bechtel International Center - Stanford University
SEVIS DS2019 Request Form for J-1 Students



ATTACH PHOTOCOPY OF CURRENT DS2019 WITH THIS FORM
Please allow 10-14 working days for processing

1. The Purpose of this request: (check ALL that apply) -----ALL INFORMATION IN SECTIONS 2-6 IS REQUIRED!

- EXTENSION of stay:** Student's current DS2019 from Stanford will expire before degree completion
- ACADEMIC TRAINING:** Initiation -or- Extension
- ADDING NEW J-2 DEPENDENT(S)** – Note: Children born in the U.S. do not need a J-2 visa (see Section 6)
- REPLACE a lost DS2019**
- AMENDMENT to current DS2019** – You *must* see a Foreign Student Advisor to request this option
- CHANGE of status to J-1:** Requires new *initial* DS2019 – You *must* see a Foreign Student Advisor to request this option
- OTHER - please explain** _____
- CHANGE OF PROGRAM OR DEGREE LEVEL (including co-terms) or ADDING NEW DEGREE AT SAME LEVEL-** (Section 4 must be completed & signed!)

	Program	Level	Will You Complete?	Expected Completion (Quarter/Year)
Current			<input type="checkbox"/> Yes <input type="checkbox"/> No	
New				

• **New Program Beginning:** (check one) **Fall** **Winter** **Spring** **Summer**

2. Personal Information:

• **Today's Date** _____ • **Stanford ID** _____ • **SEVIS ID** _____ (If Known)

• **Email address** _____ • **Phone Number** _____

• **Name (as it appears in passport):** _____ • **Gender:** Male Female

_____ *Last/Family or Surname* _____ *First name* _____ *Middle or other name*

• **Date of Birth:** _____ (MM/DD/YYYY) • **City & Country of Birth** _____

• **Country of Permanent Residence** _____ • **Country of Citizenship** _____

• **Passport issued by:** _____
If you hold citizenship from more than one country, this must specify the country whose passport you intend to use when entering the US. Your Passport and Country of Citizenship noted on your I-20 must match when applying for a visa and entering the US

• **Institutional affiliation or employer in your HOME country:** _____

• **Home Country Residence Address** – ***Required Information [This must be your HOME ADDRESS in AXESS, and it must be an address outside the U.S.; please make sure that it is entered exactly as it is written below.]**

_____ Home Country Address Line 1*

_____ Home Country Line 2

_____ City* _____ Province/Territory _____ Postal Code _____ Country*

• **U.S. Residence Address** – ***Required Information [This must be your DIRECTORY ADDRESS in AXESS; please make sure that it is entered exactly as it is written below.] P.O. Boxes are not acceptable! Please write the address where you live.**

_____ Residence Address Line 1*

_____ Residence Address Line 2

_____ City* _____ State * _____ Zip Code*

3. Current Academic Information:

- a) Degree objective: _____ Expected graduation date: _____ (as shown in section 3 of current document)
- b) Department: _____
- c) This DS2019 form is to cover the period of time from _____ to _____
mm/dd/yyyy mm/dd/yyyy

****4. This section to be completed and certified by ACADEMIC ADVISOR or DEPARTMENT/COMMITTEE CHAIRMAN.**

I certify that this student is registered and is making satisfactory progress toward the stated degree (in cases of program extension or reinstatement) OR is eligible to begin the new degree stated above (change of degree level) and the new projected date of completion for this degree is _____ (Quarter/Academic Year).

Certified by: Name _____ Signature _____ Title _____ Date _____

5. Financial Information:

- a) Tuition category (check one): Full tuition 8, 9, or 10 units or RA/TA TGR
- b) Funding: See 'Student Expenses Budget'.. Attach recent bank statements or letter of support if you are wholly or partially funded by non-departmental sources.

• **Information must reflect ALL sources of funding for period of time requested in part 3 above**

- Stanford funds (includes TOTAL support including tuition) \$ _____**
 - *This section must be certified by your ACADEMIC DEPARTMENT for all Stanford funding*
 - Student is supported by (check one): Assistantship Fellowship Scholarship
 - **CERTIFIED BY:** _____ **Date:** _____ **Phone:** _____
Name/ Academic Title
- Exchange Visitor's government funds** \$ US for period of stay requested in part 3 above _____
- Private organization/institution funds** \$ US for period of stay requested in part 3 above _____
- Personal funds** (may not exceed 50% of total funds) \$ US for period of stay requested in part 3 above _____
- Other funding source** (please describe below) \$ US for period of stay requested in part 3 above _____

6. Dependents*: Please list ALL J-2 dependents (ONLY your spouse and children can be your dependents)

**Dependents are your spouse or child(ren) who are in the U.S. on a J-2 visa OR who will need to apply for a J-2 visa to enter the U.S. If you have more than 2 dependents, please list on a separate sheet of paper.*

• **Dependent 1 Name (as appears in passport)**

Last

First

Middle

Date of Birth

City & Country of Birth

Country of Citizenship

Country of Permanent Residence

- Relationship to You:** Spouse Child
- Male Female
- Currently in the U.S
- Will be entering U.S. as J-2 dependent

• **Dependent 2 Name (as appears in passport)**

Last

First

Middle

Date of Birth

City & Country of Birth

Country of Citizenship

Country of Permanent Residence

- Relationship to You:** Spouse Child
- Male Female
- Currently in the U.S
- Will be entering U.S. as J-2 dependent

I hereby certify that I have health insurance and will purchase health insurance for all of my J-2 dependents as required of Exchange Visitors. SIGNED: _____ Date: _____