Application for DS-2019 for J-1 Students and J-2 Dependents

BYRNES BUILDING SUITE 123 • COLUMBIA, SC 29208
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I. Reason for DS-2019 Request

☐ Reinstatement to J-1 Status
☐ Change of Status to J-1
☐ Change of Status to J-2
☐ Replacement of Lost DS-2019
☐ Add a Dependent(s) for travel and entry into the US
☐ Update of Financial Information
☐ Extension of Current Program of Study
☐ Change of Major to ____________________________ (indicate new major)
☐ Transfer of J-1 sponsorship

☐ Change of J-1 category and start of a New Degree Program:
   ☐ J-1 Bachelor ____________________________
   ☐ J-1 Master ____________________________
   ☐ J-1 Doctorate ____________________________
   ☐ Expected Graduation Date _____/____/____

☐ Other ____________________________

☐ Are you currently on Academic Training? Yes No
   ☐ End Date of Training _____/____/____

☐ Are you planning to travel outside the U.S. this month? Yes No
   ☐ Departure Date _____/____/____

☐ Other Comments/Concerns: _______________________________________________________

II. Personal Information (of J-1 Student)

University ID Number ________________ SEVIS ID ________________ Date of Birth _____/____/____
Gender: M __ F __

First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

Country of Birth ___________________________ City of Birth ___________________________

Country of Permanent Residence ___________________________ Country of Citizenship ___________________________

Position and place of employment in Home Country ___________________________ Number of Dependents ______

Passport Issued By ___________________________ Number: ___________________________ Passport Expiration Date _____/____/____

Current Address (PO Boxes are not acceptable unless student lives in an on-campus dormitory)

Street 1 ____________________________________________ Street 2 ____________________________________________
City ___________________________ State _______ ZIP _______
E-mail ___________________________
Telephone (Home) ___________________________ (Work) ___________________________

Home Country Address (No US addresses please.)

Street 1 ____________________________________________ Street 2 ____________________________________________
City ___________________________ State ___________________________ ZIP _______
State/Province ___________________________ Postal Code ___________________________

Students are reminded to keep their street and e-mail addresses current in VIP.
International Student Services will always contact you at the information listed in VIP.
(Students who are on Academic Training should send all contact information updates to intlprog@sc.edu)
Please complete the reverse side of this form.

Revised 10/02/2009
Application for DS-2019 for J-1 Students and J-2 Dependents (continued)

III. Program of Study
Current Program of Study: Bachelor’s _____ Master’s _____ Doctorate _____ Major: ______________________________________
Program Start Date (as listed on your current DS-2019) _____/____/____ Current Program End Date _____/____/____
Expected Graduation Date _____/_____/____

Graduate Students Only:
Academic Advisor Name ___________________________ Email _______________________________  
Department __________________________________ Phone (______)___________________________

IV. Dependent Information (Complete if applicable.)
Please list any dependents that are currently in J-2 status or intend to apply for J-2 status. Only spouses and children are eligible for J-2 status. There is no need to list U.S. citizen spouses and children.

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>GIVEN NAME</th>
<th>MIDDLE NAME</th>
<th>DATE OF BIRTH</th>
<th>CITY AND COUNTRY OF BIRTH</th>
<th>COUNTRY OF CITIZENSHIP</th>
<th>COUNTRY OF PERMANENT RESIDENCE (if different)</th>
<th>RELATIONSHIP</th>
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<tbody>
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V. Funding
Please check the sources of your funding. If you have a University assistantship or scholarship, please have your department complete the certification of support.

☐ Personal Funds ☐ Sponsorship ☐ Sponsoring Agency _____________________________  
☐ Family Funds ☐ Exchange Visitor’s Government

<table>
<thead>
<tr>
<th>Certification of Support: To be completed by the department providing assistantship/scholarship for Fall 2009 – Summer 2010</th>
<th>Departmental Information</th>
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</thead>
<tbody>
<tr>
<td>Stipend/Salary</td>
<td>Tuition Supplement</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>$__________</td>
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<td>Spring Semester</td>
<td>$__________</td>
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<td>Summer</td>
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YOU WILL BE NOTIFIED BY EMAIL WHEN YOUR DOCUMENT IS AVAILABLE.

Revised 10/02/2009