



DS-2019 Extension Request Form

To request a DS-2019 for a dependent spouse and/or child, you must submit this completed Dependent Request Form along with the *J-1 Financial Worksheet* and proof of financial support equivalent to the estimated expenses for the duration of your program for you and your dependent(s) as calculated on the *J-1 Financial Worksheet*. Acceptable financial documentation includes: current personal/family bank statement or available balance page of your online account information; assistantship letter, scholarship letter, or fellowship letter; a notarized letter from a sponsor (relative or third party) and sponsor's financial bank statement. Please print an additional sheet if you will be requesting more than three dependent DS-2019's. Please note that in requesting to bring a dependent and with his/her receipt of the J-2 visa, you are agreeing to the condition of having each dependent's status linked to yours and maintaining health insurance that meets Department of State minimums for you and your dependents for the duration of your program of study.

Primary J-1 Student's Information.

Full Name on Passport _____
SEVIS # N _____ SU ID# _____ Date of Birth (mm/dd/yyyy) _____
DS-2019 Start Date _____ DS-2019 End Date _____
Email _____ Phone _____
U.S. Address _____

Dependent(s) Information.

Full Name on Passport _____
Date of Birth (mm/dd/yyyy) _____ City of Birth _____ Country of Birth _____
Country of Citizenship _____ Country of Legal Permanent Residence _____
Sex: ☐ Male ☐ Female Relationship: ☐ Spouse ☐ Child
Email _____ Anticipated Date of Travel _____

Full Name on Passport _____
Date of Birth (mm/dd/yyyy) _____ City of Birth _____ Country of Birth _____
Country of Citizenship _____ Country of Legal Permanent Residence _____
Sex: ☐ Male ☐ Female Relationship: ☐ Spouse ☐ Child
Email _____ Anticipated Date of Travel _____

Full Name on Passport _____
Date of Birth (mm/dd/yyyy) _____ City of Birth _____ Country of Birth _____
Country of Citizenship _____ Country of Legal Permanent Residence _____
Sex: ☐ Male ☐ Female Relationship: ☐ Spouse ☐ Child
Email _____ Anticipated Date of Travel _____

Return to the Office of International Education or email to oie@esf.edu.

For International Education Use Only

Form received on _____ DS-2019 Issued on _____
Adequate Financial Support: ☐ Yes ☐ No
Dependent Children Under 21: ☐ Yes ☐ No