



DS-2019 Update / Request Form

To request a replacement or updated DS-2019, please complete this form and submit to the Office of International Education along with a completed *J-1 Financial Worksheet*; adequate proof of funding; copies of your DS-2019s, passport, visa, and I-94 card; and proof of health insurance that meets the U.S. Department of State minimum requirements.

Please type information directly into form.

Today's Date: _____

Received: _____

STUDENT INFORMATION					
Full Name on Passport					
		Last	First	Middle	
SEVIS ID#	N	SU ID#			Birth Date (mm/dd/yyyy)
Email Address				Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell
U.S. Address:					

ESF ACADEMIC PROGRAM OF STUDY					
Degree Level	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters	<input type="checkbox"/> Ph D	Academic Major(s)	
DS-2019 Start Date	Have you maintained full-time enrollment status every semester? (Please reference Enrollment Certificate from the Registrar's Office) <input type="checkbox"/> Yes <input type="checkbox"/> No				
DS-2019 End Date	If no, indicate semesters & why: _____				

I-20 REQUEST/ UPDATE	
Please indicate the reason for your DS-2019 request and all necessary updates.	
<input type="checkbox"/> Replace lost document	<input type="checkbox"/> Add _____ as a <input type="checkbox"/> Major <input type="checkbox"/> Minor
<input type="checkbox"/> Update funding information in financial section	<input type="checkbox"/> Change degree level from _____ to _____
<input type="checkbox"/> Change immigration status from _____ to _____	
<input type="checkbox"/> Other: _____	

TRAVEL					
Passport Expiration Date	/ /	Visa Expiration Date	/ /	I-94 card marked D/S?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your dependents have upcoming travel plans?	<input type="checkbox"/> No <input type="checkbox"/> Yes. The departure date is / / . Travel will be to: <input type="checkbox"/> Canada/ Mexico/ Adjacent Islands <input type="checkbox"/> Other: _____ Who will be traveling? <input type="checkbox"/> Self <input type="checkbox"/> Self and dependents <input type="checkbox"/> Dependent will travel alone				

Please provide any additional information relevant to your request	
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ESF OFFICE OF INTERNATIONAL EDUCATION USE ONLY		
Student Submitted: <input type="checkbox"/> Financial Worksheet <input type="checkbox"/> Copies: All Previous DS-2019s (p.1) <input type="checkbox"/> Copies: Passport, Visa, I-94 <input type="checkbox"/> Proof of Health Insurance	Student Documents & Status Reviewed: <input type="checkbox"/> Maintained Continuous Full-Time Enrollment (See Enrollment Certification) <input type="checkbox"/> Sufficient funding <input type="checkbox"/> Passport Valid <input type="checkbox"/> Dependent records	Additional Updates to DS-2019: <input type="checkbox"/> Address <input type="checkbox"/> Financial

Notes:
