



CALIFORNIA STATE UNIVERSITY, FULLERTON

International Education & Exchange UH-244
UEE Student Services, CP-207

FOR OFFICE USE ONLY

Request came from:
 ALP IEE UEE
 Exchange student
 Other _____

DS-2019 REQUEST FORM

To faculty/staff/student requesting a DS-2019: Please complete this form.

This is the form we refer to when typing your official visa request document. It is very important that this information be written **neatly and in dark ink**. **In addition, please attach copy of your passport page**

I. PERSONAL DATA

_____ , _____ [] Male
Family Name First Name Middle Name [] Female

Birth Date: ___/___/___ Birth Place: _____/_____
Mo Day Yr City Country

Country of citizenship: _____ Country of permanent residency: _____

Passport number: _____ Country where passport was issued: _____

Permanent address in your home country: _____

Position in your country, (please check one): [] 215 University undergraduate student
[] 214 University graduate student
[] 213 University teaching staff including researchers
[] 212 University administrative staff
[] Other (please specify) _____

II. COMPLETE ALL THAT APPLY: The purpose of the DS-2019 request is to:

- 1 [] Begin a new program from: 07 / 17 / 2011 to 08 / 06 / 2011
Mo. Day Yr. Mo. Day Yr.
- [] Accompanied by _____ immediate family members. (Please complete section VII on page 2).
- 2 [] Extend my current DS-2019 from CSUF: ___/___/___ to ___/___/___
Mo. Day Yr. Mo. Day Yr.
- 3 [] Transfer to a different program.
- 4 [] Replace a lost DS-2019 form; amend a previous DS-2019 form.
- 5 [] Permit visitor's immediate family (___ members) to enter U.S. separately.

III. THE CATEGORY OF THIS VISITOR IN THE U.S. IS:

1. [] Stud Non-degree [] Student, 4. [] Prof, 8. [] Research Scholar, 9. [] Short-Term Scholar (max of 6 mo.)

The specific field of study, research, training or professional activity is verbally described as: International Student Leadership Program

IV. SOURCE OF FINANCIAL SUPPORT: Indicate the amount of financial support in each category available for the period of the J-1 visa (at least \$1000/month plus dependent costs at \$500/month each).

- a. [] CSUF (Please indicate the department and the nature of employment): _____ \$ _____
- b. [] U.S. Government Agency(ies) _____ \$ _____
- c. [] International Organization(s) _____ \$ _____
- d. [] Your Government _____ \$ _____
- e. [] The Binational Commission of Your Country _____ \$ _____
- f. [] All other organizations providing support _____ \$ _____
- g. [] Personal funds [NOTE: ATTACH BANK STATEMENT] _____ \$ _____

V. PREVIOUS J-1 HISTORY: Have you been in the U.S. previously as a J-1 Exchange Visitor (with form DS-2019)?

- Yes (Please complete section VI)
 No

VI. IF YOU ANSWERED YES TO SECTION V ABOVE, please complete the following:

1. Dates of your previous program: _____ / _____ / _____ to _____ / _____ / _____
(provide copy of DS-2019) Mo. Day Yr. Mo. Day Yr.
2. Category of your previous J-1 status: 215 University undergraduate student
 214 University graduate student
 213 University teaching staff including researchers
 212 University administrative staff
 Other (please specify) _____
3. What university/institution issued your DS-2019?

4. What was the source of your previous financial support?
a. From previous university/institution (Please indicate the department and the nature of employment):
_____ \$ _____
b. U.S. Government Agency(ies) \$ _____
c. International Organization(s) \$ _____
d. Your Government \$ _____
e. The Binational Commission of Your Country \$ _____
f. All other organizations providing support \$ _____
g. Personal funds \$ _____
5. Are you subject to the 2 year home-residence requirement? (Provide copy of J-1 entry visa)
 Yes
 No
 Don't know

VII. DEPENDENTS TO ACCOMPANY APPLICANT:

Last/Family Name	First Name	Date of Birth Mo./Day/Year	Country of Birth	Relationship to you (spouse, son, daughter)

MAILING ADDRESS FOR EXPRESS MAILING: _____

Tel: _____ Fax: _____ E-mail: _____