

**DS-2019 REQUEST**  
(Replacement/Travel/ Dependents)

# student DS-2019

Student's name \_\_\_\_\_  
(SURNAME/FAMILY NAME IN CAPS) (Given) (middle)

KUID # \_\_\_\_\_ Daytime phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dependents who will be/are in J-2 status: (only spouse and unmarried children under age of 21)

	SURNAME, Given	Date of Birth (mm/dd/yy)	Place of Birth	Relationship	Nationality
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**The Form DS-2019 is requested for the purpose of:**

- 1.  Duplicate of previously issued DS-2019. There is a \$5.00 charge.
- 2.  Amend a previous DS-2019. Please specify the correction \_\_\_\_\_
- 3.  Permit visitor's immediate family to enter U.S. separately
- 4.  Reinstatement request to U.S. Department of State

**FINANCIAL VERIFICATION** Please check and complete the following as appropriate. Give the total estimated financial support to be provided to the visitor for the entire period covered by the DS-2019. **ATTACH APPROPRIATE VERIFICATION. Proof of finances must be attached, e.g., bank statement or letter from sponsoring organization. Failure to do so will delay the preparation process. A signature from the department will suffice as verification if funding is from the University of Kansas.**

- The University of Kansas:**
  - Student pays In-state Tuition     Student gets Full Tuition Waiver
  - Student gets Full Fee Waiver     Student gets Partial Fee Waiver of \_\_\_\_\_ (specify)
  - Student gets Room & Board WaiverIn addition to the above benefits, the student receives:  
Salary/Scholarship/Stipend: \$ \_\_\_\_\_ Funds provided by: \_\_\_\_\_ (dept./school)  
Signature of Dept \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_
- U.S. Government Agency:** (Do NOT include money received through an U.S. government grant if the funds are not specifically allocated for this individual)  
Amount of funding: \_\_\_\_\_ Source of funding: \_\_\_\_\_  
name of agency
- The Exchange Visitor's government:**  
Amount of funding: \_\_\_\_\_
- The binational Commission of the visitor's country:**  
Amount of funding: \_\_\_\_\_
- All other organizations providing support:**  
Amount of funding: \_\_\_\_\_ Source of funding: \_\_\_\_\_  
name of organization
- Personal or Family Funds:** (Must provide official statement confirming the amount of funds listed below, e.g., bank statement)  
Amount of funding: \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**Please meet with an ISSS advisor to turn this form in.**