

DS-2019 REQUEST
 (for Replacement, Add Dependents, Reinstatement)

student DS-2019

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

KUID # _____ Daytime phone _____ E-Mail: _____

Mailing Address if you want the DS-2019 mailed to you: _____

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

SURNAME(S)	Given Name(s)	Middle Name(s)	Date of Birth (mm/dd/yy)	Gender
Relationship (Spouse/Child)	City of Birth	Country of Birth	Country of Citizenship	Country of Legal Permanent Residence
SURNAME(S)	Given Name(s)	Middle Name(s)	Date of Birth (mm/dd/yy)	Gender
Relationship (Spouse/Child)	City of Birth	Country of Birth	Country of Citizenship	Country of Legal Permanent Residence
SURNAME(S)	Given Name(s)	Middle Name(s)	Date of Birth (mm/dd/yy)	Gender
Relationship (Spouse/Child)	City of Birth	Country of Birth	Country of Citizenship	Country of Legal Permanent Residence
SURNAME(S)	Given Name(s)	Middle Name(s)	Date of Birth (mm/dd/yy)	Gender
Relationship (Spouse/Child)	City of Birth	Country of Birth	Country of Citizenship	Country of Legal Permanent Residence

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

- Duplicate of previously issued DS-2019. There is a \$5.00 charge.
- Adding spouse and/or children as J-2 dependents
- Reinstatement request to U.S. Department of State

Please turn form over and complete reverse side also.

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 Waiver

In 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.