



Global Engagement Office  
Email: [ISS@scu.edu](mailto:ISS@scu.edu)  
Phone: (408) 551-7037  
Fax: (408) 554-2340

## DS-2019 Request Form

*Please complete this form and return it to the Santa Clara University Global Engagement Office along with Proof of Funding and the biographical page of your valid passport (as well as any U.S. Visa Stamps).*

### Personal Information

**Name** \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(Month/Day/Year) \_\_\_\_\_ **Major / Field of Study** \_\_\_\_\_

**Gender:**  Female  Male

**Current Home Address (outside the U.S.)**

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Will you be accompanied by dependent family members (spouse or children)?**

Yes  No

*If yes, please complete the J-2 (Dependent Family Member) DS-2019 Request Form*

**Have you ever received a DS-2019 or been in J-1 status before?**

Yes  No

*If yes, please immediately provide our office with copies of ALL prior DS-2019s and all prior U.S. visa stamps.  
Please note, prior visits to the U.S. in J-1 status may subject you to bars from reentry.*

### Citizenship and Nationality

**Country of Citizenship** \_\_\_\_\_

*If you are a dual citizen, please confirm which country's passport you will use to enter the U.S.*

**City and Country of Birth** \_\_\_\_\_  
(based on passport)

**Country of Legal Permanent Residence** \_\_\_\_\_  
(if other than Country of Citizenship)

## DS-2019 Delivery

Your Official DS-2019 will be mailed via FedEx. Please confirm the best address for mailing purposes:

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

## Funding Your J-1 Program

Please confirm the source and amount of all available funds for your stay in the U.S. You will be required to provide proof of your funding (see proof of funding document).

**Santa Clara University** \_\_\_\_\_ \$ \_\_\_\_\_

**U.S. Government Agency (ies)** \_\_\_\_\_ \$ \_\_\_\_\_  
Name(s) \_\_\_\_\_

**International Organization(s)** \_\_\_\_\_ \$ \_\_\_\_\_  
Names(s) \_\_\_\_\_

**Non-U.S. Government Agency** \_\_\_\_\_ \$ \_\_\_\_\_  
Country \_\_\_\_\_  
Agency \_\_\_\_\_

**The Bi-National Commission of the Visitor's Country** \_\_\_\_\_ \$ \_\_\_\_\_

**All other organizations providing support** \_\_\_\_\_ \$ \_\_\_\_\_  
Name(s) \_\_\_\_\_

**Personal Funds (including family funds)** \_\_\_\_\_ \$ \_\_\_\_\_

## Certification

I hereby certify that all the above information is correct, and agree to maintain health insurance that meets the U.S. Dept. of State requirements for myself and my dependents for the full length of our stay in the U.S. I understand that failure to do so may result in the termination of my J-1 program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For GEO Office Use Only  
SCU Student ID #: W \_\_\_\_\_

SEVIS ID#: N \_\_\_\_\_

DS-2019 Issued \_\_\_\_\_ Date \_\_\_\_\_

DS-2019 Mailed \_\_\_\_\_ Date \_\_\_\_\_