



SCU Global Engagement
Email: ISS@scu.edu
Phone: (408) 551-3019

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 _____ Major / Field of Study _____
(Month/Day/Year)

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 Contact Information

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) \$ _____
Name(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 SCU Global Engagement Use Only

SCU Student ID #: W _____

SEVIS ID#: N _____

DS-2019 Issued _____ Date _____

DS-2019 Mailed _____ Date _____