

REQUEST FOR DS-2019 FORM

Please answer ALL information requested below when applicable.

Name: _____ VT ID#: _____
Last /Family First

Print your name as it appears on your passport

SEVIS # N _____

Date of Birth: _____ Place of Birth: _____ Male Female
MM/DD/YYYY City/Country

Country of legal permanent residence: _____ Country of citizenship: _____

Local address: _____

Telephone#: _____ Email address: _____

Address in home country: _____

Current enrollment: Non-degree Master's Doctorate Department: _____

Purpose of request for new form (check one):

- Begin a new program (changing sponsorship)
- Change of major or academic level (Specify: _____)
- Replace a lost form
- Extend ongoing program**
New program end date _____

**Attach a letter (on departmental letterhead) from Academic Advisor detailing reasons for extension and describing your plan for completion of your degree. Include new completion date of program.

- Academic Training
- Other Specify: _____

Start date of your program _____ Proposed end date of your program _____
MM/DD/YYYY M/DD/YYYY

Financial support (Please provide copy of assistantship agreement or original bank statement and official letter from sponsor stating your name, relationship, and total amount of support per year.)

Source

- Virginia Tech (assistantship/scholarship)
- U.S. Government Agency
- International Organizations
- The Exchange Visitor's Government
- The Bi-national Commission of the Visitor's Country
- All other organizations providing support
- Personal Funds

Amount in US Dollars

If qualifying dependents (spouse and children under 21) accompany you to the United States, please complete the dependent section of this form on the second page.

Please return this form to International Graduate Student Services, Graduate Life Center at Donaldson Brown, Phone 231-8486,
E-mail: IGSS@vt.edu
Office hours: M-F 8-5

DEPENDENT INFORMATION FOR DS-2019 FORM FOR J-1 STUDENTS

Name of requesting student: _____
Last /Family First

Please give the following information about each dependent who will accompany you:

Dependent 1.

Name (SURNAME, Given name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship (spouse, child)	

Dependent 2.

Name (SURNAME, Given name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship (spouse, child)	

Dependent 3.

Name (SURNAME, Given name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship (spouse, child)	

Dependent 4.

Name (SURNAME, Given name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship (spouse, child)	