

## FORM A: I-20 / DS-2019 REQUEST BY SPONSORING DEPARTMENT

**DIRECTIONS:** Form A must be completed by UCSD departments who want to sponsor J-1 Exchange Visitors in the Student category or F-1 Students in the non-degree category. This form must also include I-20 / DS-2019 Request by Prospective Student (Form B) and Health Insurance Memorandum of Understanding (Form C). Complete packages should be sent to the International Students & Programs Office (Mail Code 0018).

**Selection of Visa Classification:**  I-20 (for F-1 visa)  DS-2019 (for J-1 visa)

**Processing:**  Standard (10 business days)  Rush (5 business days)

### SECTION 1: STUDENT INFORMATION

NOTE: Write name as it appears in the student's passport biographical page (include a photocopy of the student's passport biographical page to this form):

**Name of Student:** \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)

**Date of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_  
(Month/Day/Year) (City of Birth)

**Country of Birth:** \_\_\_\_\_ **Gender (select one):**  Male  Female

### SECTION 2: PROGRAM INFORMATION

**Period of Stay Requested:** From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Name of the Program:** \_\_\_\_\_

**Specific Educational Field/Subject:** \_\_\_\_\_ **Activity:** Full-Time Student

### SECTION 3: FINANCIAL SUPPORT INFORMATION

NOTE: All students must provide verification of financial support to cover all tuition, fees, and living expenses while studying in the USA. Minimum amount for living expenses is US\$2,400 per month for F-1 student / J-1 exchange visitor, US\$800 per month for first dependent, and US\$400 per month for each additional dependent. Written verification such as an original bank statement is required for financial support NOT provided by UCSD.

**University of California, San Diego** \$ \_\_\_\_\_ per month X \_\_\_ months=\$ \_\_\_\_\_  
(includes government grants to UCSD)

**US Government Agency** \$ \_\_\_\_\_ per month X \_\_\_ months=\$ \_\_\_\_\_  
(includes grants given directly to visitor for international exchange)

**Student's Home Government** \$ \_\_\_\_\_ per month X \_\_\_ months=\$ \_\_\_\_\_

**Other (please specify):** \$ \_\_\_\_\_ per month X \_\_\_ months=\$ \_\_\_\_\_  
\_\_\_\_\_

**Personal Funds** \$ \_\_\_\_\_ per month X \_\_\_ months=\$ \_\_\_\_\_  
(attach original copy of bank statement)

**TOTAL = \$ \_\_\_\_\_**

**Is UCSD paying for health insurance?**  Yes  No

(Student Name)

**SECTION 4: UCSD DEPARTMENT CERTIFICATION**

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- The sponsoring department will provide an orientation and necessary assistance to the student upon arrival at UCSD.
- The proposed UCSD activity is suitable to the visitor’s background, needs, and experience.
- The student has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The student and accompanying family members have sufficient funding for their stay. (The International Center requires the visitor to have a minimum of US\$2,400 per month for basic living expenses, plus an additional US\$800 per month for first dependent and US\$400 per month for additional dependents)
- The student is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying the insurance premiums. (See Health Insurance Memorandum of Understanding for details about health insurance requirements.)
- The student has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The student will engage only in activities that are consistent with the intended program while on UCSD campus. Departments must inform the International Students & Programs Office when the student will be away from UCSD for more than 30 days while in the J program.

**PROGRAM SPONSOR INFORMATION:**

\_\_\_\_\_  
(Print Full Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-mail Address)

**DEPARTMENT CONTACT INFORMATION:**

\_\_\_\_\_  
(Print Full Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-mail Address)

Departments should email the following forms to the UCSD International Students & Programs Office (Mail Code: 0018):

- Form A: 1-20 / DS-2019 Request by Sponsoring Department (completed by department)
- Form B: I-20 / DS-2019 Request by Prospective Student (completed by student)
- Health Insurance Memorandum of Understanding
- Photocopy of passport biographical page (including photo and expiration date)
- OTHER: If student is already in the USA, please include copy of visa stamp in passport, I-94 card (front and back), and any other immigration documents such as Form I-20(s), Form DS-2019(s), or Form I-797(s).

**SECTION 5: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR**

Processed by \_\_\_\_\_ Date \_\_\_\_\_