

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

