

FORM B: I-20 / DS 2019 REQUEST BY PROSPECTIVE STUDENT

DIRECTIONS: Prospective UCSD students who will participate in exchange/academic programs at UCSD must complete this form. Please attach completed Health Insurance Memorandum of Understanding (Form C) and supporting documents when required. Submit all forms directly to the sponsoring department at UCSD. Please type or print clearly.

SECTION 1: PERSONAL INFORMATION

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

Name of Student: _____
(Family/Last Name) (First Name) (Middle Name)

E-mail: _____ **Phone Number:** _____

Permanent Address: (Your address in your home country.)

(Street) (City) (Province) (Country) (Postal Code)

Date of Birth: _____ **Gender (select one):** Male Female
(Example: January 1, 1985)

City of Birth: _____ **Country of Birth:** _____

Country of Citizenship: _____ **Country of legal permanent residence:** _____

Position/Title/Occupation/Activity in Home Country: _____

Name of Employer/Academic Institution in Home Country: _____

SECTION 2: DEPENDENT INFORMATION

Please complete this section for any family members who will enter the U.S. in F-2 or J-2 status with you. If none, write "none." Only your legal spouse and unmarried children under age 21 may be included as family members. Please include photocopies of the passport biographical page for all family members.

Family Name	First Name	Relationship (husband/wife/ child)	Gender (i.e. male or female)	Date of birth (i.e. Jan. 1, 2000)	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence	Dependent Email Address*

*Please use parental email address if child does not have one.

SECTION 3: US VISA HISTORY

Are you currently in the USA? Yes No

If YES, please indicate your current visa status: _____

NOTE: Please attach a photocopy of all previous visa documents including Form I-94, DS-2019 form(s), I-20 form(s), EAD card(s), and/or I-797 approval form(s).

If YES, please check one:

- I will leave the USA and return before I begin/resume my studies at UCSD.
Please give destination and travel dates: _____
- I will request a transfer of my current visa status.
Name of Current Institution _____ SEVIS Release Date _____
- I will request a change of visa status.

During the last two years, have you been in the USA in any J status? Yes No

If YES, please complete the following section. Begin with your most recent visa status and work backwards chronologically.

Visa Classification (school or institution)	Begin and End Dates in USA (i.e. Jan 1, 2010- Dec. 31, 2010)	Purpose of stay (i.e. student, scholar, researcher, etc...)	Location

SECTION 4: 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/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. Students sponsored by school, company, agency, foundation or government agency, must attach a letter from that sponsor specifying which costs will be paid.

<input type="checkbox"/>	University of California, San Diego (includes government grants to UCSD)	\$ _____ per month X ____ months=\$ _____
<input type="checkbox"/>	US Government Agency (includes grants given directly to visitor for international exchange)	\$ _____ per month X ____ months=\$ _____
<input type="checkbox"/>	Student's Home Government	\$ _____ per month X ____ months=\$ _____
<input type="checkbox"/>	Other (please specify): _____	\$ _____ per month X ____ months=\$ _____
<input type="checkbox"/>	Personal Funds (attach original copy of bank statement)	\$ _____ per month X ____ months=\$ _____
		TOTAL = \$ _____

SECTION 5: STUDENT CERTIFICATION

- US government regulations require that all participants in J-1 exchange visitor status (and J-2 dependents) purchase adequate health insurance as defined by the Department of State. You must sign the Health Insurance Memorandum of Understanding.
- Attend an orientation session at the International Center within 15 days of arrival.
- The International Center must validate your SEVIS record within 30 days of the start date of your program. Notify your department if your arrival will be delayed.
- Notify the International Center upon your departure from UCSD or if any of your dependents depart the U.S. permanently earlier than you do.

Signature: _____ Date: _____

SECTION 6: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

Processed by: _____ Date: _____