# 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** | **Amount in US Dollars** |
|---|---|
| ☐ 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 | _____ |

**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:** _____
<br>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)** | |