

**DS-2019 REQUEST FORM****BIOGRAPHICAL DATA** Please send a copy of the biographical page of your passport together with this form.

Passport Surname/Last Name:

Passport Given/First Name:

Birthdate (DD/MM/YYYY):

Sex:

Male

Female

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Marital Status:

If the country of legal permanent residence is different from the country of citizenship, please send proof of legal permanent resident status together with this request form. Documentation varies by country.

**EMERGENCY CONTACT**

Emergency Contact Person:

Emergency Contact Phone Number:  
(in international format)**APPOINTMENT INFORMATION**

Begin Date (DD/MM/YYYY):

End Date (DD/MM/YYYY):

Faculty Sponsor:

Research Plan:

**FUNDING** Please send proof of funding together with this form.

*\*A scholar is required to document at least \$1,800 per month, plus \$500/month for a spouse, and \$300/month per child.\**

Total Amount (for the entire length of the DS-2019): \$

Type of Funding Source:

Name of Funding Agency:

**POSITION IN HOME COUNTRY**

Position:

Employer or Institution:

**PASSPORT INFORMATION** Please send a copy of the biographical page of your passport together with this form.

Expiration Date (DD/MM/YYYY):

Passport Country:

## CURRENT VISA INFORMATION

Are you currently in the U.S.?	Yes	No
<b>If no, please skip to the next section.</b>		
<b>If yes,</b>		
Current visa type/class (i.e. F-1,B-2, J-1, H-1B):	Expiration Date(DD/MM/YYYY):	
U.S Arrival City/Port of Entry:	Date of Most Recent Entry (DD/MM/YYYY):	
I-94 Number*:	Immigration Status:	
Is there an expiration date on the I-94? If so, what is it? (DD/MM/YYYY):		
Is the front of the I-94 marked "D/S"?:	Yes	No
Alien Number/ A Number**:		
Are you requesting a change of status? (i.e. F-1 to J-1 or J-1 to H-1B)		
Are you currently subject to the 2-year (212e) residency requirement?	Yes	No

\*Download your electronic I-94 record [here](#).

\*\*For those who have applied for U.S. Permanent Residence

## PRIOR VISA INFORMATION

Have you <b>ever</b> been under any J-1 or J-2status (student, researcher, etc.)?	Yes	No
<b>If yes,</b>		
Total amount number of months on J-1 status:		
Have you ever received a waiver for the 2-year home country residency requirement?	Yes	No
Have you ever been to the US in H-1 status?	Yes	No
<b>If yes,</b>		
Total amount of time on H-1 status:		
If outside the U.S., what is your anticipate date of arrival? (DD/MM/YYYY):		
List any international travel plans for next 6 months (include destinations and dates):		
Do you have a petition for U.S. permanent residency (green card) pending?	Yes	No
City/Country where you will apply for your visa stamp:		

## EDUCATION

Are you currently enrolled in a degree program?	Yes	No	
Do you have a medical degree (M.D.)?	Yes	No	
Highest Degree Earned:	Ph.D.	Master's	Bachelor's
Degree Institution:			
Degree Field:	Degree Completed (MM/YYYY):		

**U.S. INSTITUTION**

\*Only complete this section if you are currently in the U.S. at a different institution\*

Institution:

International Adviser Name:

International Adviser Email:

Phone Number:

**DEPENDENT - GENERAL**

Is your family currently in the U.S.?

Yes

No

**If yes,**

What is their visa status?

If married, will your spouse accompany you in J-2 status?

Yes

No

If the spouse will travel separately, what is his/her anticipated date of arrival?

Will any children accompany you in J-2 status?

Yes

No

If children will travel separately, what is the anticipated date of arrival?

**DEPENDENT – SPECIFIC**

\*Do not list U.S. citizen dependents\*

Surname:

Given Name:

Birthdate (DD/MM/YYYY):

Sex:

Male

Female

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Relationship:

Email address\*:

Surname:

Given Name:

Birthdate (DD/MM/YYYY):

Sex:

Male

Female

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Relationship:

Email address\*:

Surname:

Given Name:

Birthdate (DD/MM/YYYY):

Sex:

Male

Female

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Relationship:

Email address\*:

Surname:

Given Name:

Birthdate (DD/MM/YYYY):

Sex:            Male            Female

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Relationship:

Email address\*:

---

Surname:

Given Name:

Birthdate (DD/MM/YYYY):

Sex:            Male            Female

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Relationship:

Email address\*:

\*For minor, dependent children, a parent's email address may be used.

## Funding Information

### PLEASE DO THE MATH ON THIS PAGE

- A scholar is required to have at least **\$1,800 per month**, plus **\$500/mo.** for a spouse, and **\$300/mo.** per child.
- List here the **total amount** of funding for the **entire length of this DS-2019** (monthly income times months of appointment).
- To determine the source of funding, consider who produces the check.
- **Translate foreign currency into English** and **convert it to US\$ dollars.** Include currency conversion rate.

### PLEASE ATTACH PROOF OF FUNDING

SOURCES OF FUNDING	FUNDING FOR LENGTH OF APPOINTMENT
<input type="checkbox"/> <b>UC Berkeley</b> issues the check <ul style="list-style-type: none"> <li><input type="checkbox"/> UCB salary (19900 funds)</li> <li><input type="checkbox"/> Grant to UCB (including U.S. Government grants) If it is a U.S. grant to UCB, is the grant specifically for the purpose of promoting cultural or skills exchange between nations? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify grant source</li> <li><input type="checkbox"/> UCB honorarium, per diem, endowment funds, etc.</li> </ul>	US\$ _____  US\$ _____  US\$ _____
<input type="checkbox"/> <b>U.S. Government Agency Pays Scholar Directly</b> Specify government agency	US\$ _____
<input type="checkbox"/> <b>International Organization</b> pays scholar directly Name of organization (no initials)	US\$ _____
<input type="checkbox"/> <b>Scholar's Central Home Government</b> pays scholar directly Full name of government agency, ministry, or department (Not regional government, not home university employer)	US\$ _____
<input type="checkbox"/> <b>Binational Commission</b> pays scholar directly Specify commission	US\$ _____
<input type="checkbox"/> <b>Other</b> source of funding (e.g., the scholar's home country employer, institute, university, private foundation) Specify source (no initials)	US\$ _____
<input type="checkbox"/> <b>Scholar's Own Personal Funds</b> <ul style="list-style-type: none"> <li>• If the funding comes from the <b>scholar's own personal account</b>, please attach a recent account statement (within last 6 months) with the scholar's name noted on it.</li> <li>• If the funding comes from <b>a family member or other private sponsor</b>, please attach a letter from the sponsor noting the amount of support <b>and</b> his/her account statement showing funds available to support the scholar for the specified amount.</li> </ul> <p>Our <b>Guarantee of Financial Support form</b> may also be used in place of a letter. This form can be downloaded from our web site: <a href="http://internationaloffice.berkeley.edu/ucb_departments/J-1">http://internationaloffice.berkeley.edu/ucb_departments/J-1</a></p>	US\$ _____