

# Application for a DS-2019

Print this form and complete all relevant sections. You may send the application by mail to: The Office of International Students and Scholars, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920. You may also fax your application to (217) 581-7207, though we ask that you only send your application by fax in emergency situations. Please note that we must receive all required documents in order to make your DS-2019, and it is your responsibility to ensure that we have received them.

## Information about you:

### Your name:

First name \_\_\_\_\_

Last (Family) name \_\_\_\_\_

Date of birth (MM/DD/YYYY) \_\_\_\_\_

Country of birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

### Local address\*:

Street and apartment number \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

**\*Have you updated your local address as required by INS regulations?**

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Your EIU email: \_\_\_\_\_

Alternate email: \_\_\_\_\_

### Address in your home country:

Street address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Phone \_\_\_\_\_

### Your current level of study:

Bachelor's degree

Master's degree

Field of study: \_\_\_\_\_

Occupation in your home country:

\_\_\_\_\_

**Information about your finances:**

Number of J-2 dependents: \_\_\_\_\_

**Sources of financial support:**

Personal funds \$ \_\_\_\_\_  total

monthly  yearly

Family funds \$ \_\_\_\_\_  total

monthly  yearly

Funds from another source \$ \_\_\_\_\_  total

monthly  yearly

Specify the source:

\_\_\_\_\_

On-campus hourly employment \$ \_\_\_\_\_  total

monthly  yearly

EIU assistantship \$ \_\_\_\_\_  total

monthly  yearly

Length of your assistantship appointment:  9 months  11 months

12 months

Will your assistantship appointment be renewed?  Yes  No

Level of tuition waiver:  Full waiver  Waiver of the in-state

portion of tuition

EIU tuition waiver for:  Fall semester  Spring semester  Summer semester

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**The purpose of this DS-2019 is:**

 Conversion into SEVIS (OISA Use, Reason: \_\_\_\_\_)

Extension of my J-1 status. Are you traveling outside of the U.S. also?  No

Yes - Dates of travel: \_\_\_\_\_

Additional required document:

[Academic Advisor's Certification Form](#)

Possible additional document:

Approval for a time limit extension from the Graduate College (graduate students) or college office (undergraduates)

Change of field or level of study. Additional required document:

[Academic Advisor's Certification Form](#)

Possible additional documents:

Approved Graduate College petition for a change of academic program

Documentation of your finances as outlined in Section 2 on the front of this form

Change of status to J-1. Additional required documents:

[Academic Advisor's Certification Form](#)

Documentation of your finances as outlined in Section 2 on the front of this form

Replace a lost DS-2019

For my dependents to obtain J-2 entry visas. Additional required document:

Documentation of your finances as outlined in Section 2 on the front of this form

To update my DS-2019 to support a renewal of J-1 or J-2 entry visas

Date of departure from the United States: \_\_\_\_\_

Date of return to the United States: \_\_\_\_\_

