



DS-2019 Travel Signature Request Form

5 Working Days Processing Time

Attach the following:

- ☐ Latest original DS-2019
- ☐ J2 dependent(s) requiring a signature: Latest original DS-2019(s)
- ☐ Bring your passport with you (for in-person requests, only)

To Obtain a Travel Signature You Must:

- ✓ have a valid DS-2019 sponsored by the University of Michigan
- ✓ have attended required check-in at the International Center
- ✓ meet immigration requirements of full course-load and be in good standing if you are a student
- ✓ have approved health insurance
- ✓ have a current U.S. address and a permanent non-U.S. address active in Wolverine Access
- ✓ be fulfilling the goals of your J-1 program, such as conducting research or teaching

In the case of problems, you will be contacted by email and may need to come in person for an appointment. If all the requirements are met, your DS-2019 will be signed and be ready for pick-up within 5 working days (you will be contacted for pick-up). **Failure to meet the above requirements or attach the required documents will result in processing delays.**

LAST NAME		FIRST NAME		MIDDLE NAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		NUMBER of J-2 DEPENDENTS		UNIQNAME
TELEPHONE	DELIVERY METHOD <input type="checkbox"/> PICK-UP <input type="checkbox"/> SHIP (See " SHIPPING OPTIONS ")				SEVIS ID # N

J-1 CATEGORY (item #4 of the DS-2019): _____

Passport Expiration Date: _____

Current J-1 *Visa Expiration Date: _____

Passport must be valid for min. 6 mos. beyond date of entry

***Canadian citizens do not need U.S. visas.**

I am aware that I will need to have a valid (unexpired) visa stamp in my passport to re-enter the U.S. Please note: There are some exceptions for individuals traveling back to the U.S. from Canada, Mexico, and certain islands around the U.S. For details, please see the information on AUTOMATIC REVALIDATION at http://www.internationalcenter.umich.edu/intlstudents/fvisa/fj_travelvisas.html#reval

During this trip I ☐ **WILL** ☐ **WILL NOT** need to apply for a new visa.

Anticipated date of leaving U.S.: _____ **Anticipated date of returning to U.S.:** _____

I hereby certify that all the statements above are accurate. I have read the information about travel advisory at the [IC Web site](#). I agree to all conditions stated above and I understand that my DS-2019 form will not be signed if all conditions are not met.

Signature: _____

Today's Date: _____

International Center Use Only

- | | | |
|--|-----------|-------|
| <input type="checkbox"/> Stamp/I-94 Checked | Initials: | Date: |
| <input type="checkbox"/> In ACTIVE NONACTIVE | Initials: | Date: |
| <input type="checkbox"/> Approved | Initials: | Date: |
| <input type="checkbox"/> Follow-up Needed | Initials: | Date: |
| <input type="checkbox"/> Reprint Needed | Initials: | Date: |
| <input type="checkbox"/> Out | Initials: | Date: |

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