



## International Students & Programs Office

International Center, 9500 Gilman Drive, Mail Code #0018

La Jolla, CA 92093-0018

Phone (858) 534-3730

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<http://istudents.ucsd.edu>

### 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.

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### 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\$1,900 per month for F-1/J-1 exchange visitor, US\$600 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.

- ☐ **University of California, San Diego** \$ \_\_\_\_\_ per month X \_\_\_\_ months=\$ \_\_\_\_\_  
(includes government grants to UCSD)
- ☐ **US Government Agency** \$ \_\_\_\_\_ per month X \_\_\_\_ months=\$ \_\_\_\_\_  
(includes grants given directly to visitor for international exchange)
- ☐ **Student's Home Government** \$ \_\_\_\_\_ per month X \_\_\_\_ months=\$ \_\_\_\_\_
- ☐ **Other (please specify):** \$ \_\_\_\_\_ per month X \_\_\_\_ months=\$ \_\_\_\_\_  
\_\_\_\_\_
- ☐ **Personal Funds** \$ \_\_\_\_\_ per month X \_\_\_\_ months=\$ \_\_\_\_\_  
(attach original copy of bank statement)

**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 CENTER

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_