



THE UNIVERSITY OF ALABAMA
CAPSTONE INTERNATIONAL SERVICES
105 B.B. Comer Hall | Box 870254 | Tuscaloosa, AL 35487-0254
TEL: 205-348-5402 | FAX: 205-348-5406
EMAIL: INTERNATIONAL@UA.EDU
WEB: [HTTP://IS.UA.EDU](http://IS.UA.EDU)

Student F-1 I-20/ J-1 DS-2019 Request Form

SECTION 1: STUDENT'S INFORMATION

PLEASE INDICATE PURPOSE OF I-20/DS-2019 REQUEST:

- Request for F-1 Non-Immigrant Status (I-20)
 Request for J-1 Non-Immigrant Status (DS-2019)
 Request for Change-of-Status, within U.S., to F-1 (I-20)
 Requesting transfer to UA from another U.S. School. (If so, please also complete I-20/DS-2019 Transfer Request Form)

NAME AND RESIDENCE INFORMATION (NAME ON YOUR I-20/DS-2019 MUST MATCH PASSPORT):

Full Name (as in passport): _____
Family/Last Name (Surname) Given Name (First) Middle Name (if any)

Date of Birth (Month/Day/Year): _____ Gender : male female

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

UNIVERSITY OF ALABAMA DEGREE INFORMATION:

UA Campus Wide ID Number (CWID): _____

For what program are you applying?: English Language Institute Undergraduate Graduate Law

Intended Major Field of Study at UA: _____

Intended Start Date: Fall (August); Spring (January); Summer 1; Summer 2 of _____ (Year)

CONTACT INFORMATION:

Address in Home Country: _____
(Street address – don't use P.O. Box)

Phone Number: _____ E-Mail Address: _____

CURRENT OR LAST POSITION/ EMPLOYMENT IN HOME COUNTRY (NOT IN THE US):

Occupation/profession in Home Country: _____

Place of Employment/Study in Home Country (Company or Institution): _____

FAMILY DEPENDENTS:

Will family members accompany you?: No Yes (If yes, please complete Section 2 on Page 2)

STUDENT ATTESTATION

I certify that the information on this form is true. I understand that any misrepresentation may be cause for refusing or revoking admission to The University of Alabama.

STUDENT'S SIGNATURE: _____ DATE: _____

REQUIRED DOCUMENTATION TO BE SUBMITTED BY STUDENT

- Certificate of Finances with Proof of Financial Support (Bank Statement, Award Letter, etc.)
 Copies/Scans of Passport Identification Pages for Yourself and All Requested Dependents
 I-20/DS-2019 Transfer Request Form if You Are Currently in U.S. in F-1 or J-1 Status



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I-20/DS-2019 Request Form Section 2: Family

SECTION 2: DEPENDENT FAMILY INFORMATION (FOR SPOUSE AND CHILDREN'S F-2 I-20 OR J-2 DS-2019)

FINANCIAL SUPPORT: To bring a spouse or any children to the U.S., an F-1 or J-1 student must show financial support above the minimum cost of attendance and living for UA. Additional financial support of \$3800 per year must be shown for each F-2/J-2 dependent - spouse and child(ren).

IMPORTANT NOTE: F-2 I-20 and J-2 DS-2019 documents can be issued only to a dependent spouse and to unmarried, dependent children under 21 years of age. Married children and children over 21 cannot be issued an F-2 I-20 or J-2 DS-2019.

Spouse's Information	Full Name : _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any)
	Place of Birth: _____ : _____ City of Birth Country of Birth
	Residence Information : _____ : _____ Country of Permanent Residence Country of Citizenship
	Date of Birth: (month/day/year): _____ Spouse's Gender : <input type="checkbox"/> male <input type="checkbox"/> female
1st Child's Information	Full Name : _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any)
	Place of Birth: _____ : _____ City of Birth Country of Birth
	Residence Information : _____ : _____ Country of Permanent Residence Country of Citizenship
	Date of Birth: (month/day/year): _____ Child's Gender : <input type="checkbox"/> male <input type="checkbox"/> female
2nd Child's Information	Full Name : _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any)
	Place of Birth: _____ : _____ City of Birth Country of Birth
	Residence Information : _____ : _____ Country of Permanent Residence Country of Citizenship
	Date of Birth: (month/day/year): _____ Child's Gender : <input type="checkbox"/> male <input type="checkbox"/> female
3rd Child's Information	Full Name : _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any)
	Place of Birth: _____ : _____ City of Birth Country of Birth
	Residence Information : _____ : _____ Country of Permanent Residence Country of Citizenship
	Date of Birth: (month/day/year): _____ Child's Gender : <input type="checkbox"/> male <input type="checkbox"/> female

For additional children, please copy this section and submit as a separate page with the above requested information about name, residence, date of birth, and gender.