# **DS-2019 Request Form**

BIOGRAPHICAL DATA				
Passport Surname/Last Name:	Passport Give	n/First Name:		
Preferred Name/Other Names Used:				
Birthdate (DD/MM/YYYY):	Sex:	Male	Female	
City of Birth:	Country of Birth:			
Country of Citizenship:	Country of Permanent	Residence:		
Marital Status:				
EMERGENCY CONTACT				
Emergency Contact Person:	Emergency Contact Pl	none Number:		
Emergency Contact Email Address:				
APPOINTMENT INFORMATION				
Begin Date (DD/MM/YYYY):	End Date (DD/MM	A/YYYY):		
Faculty Sponsor:				
Research Plan:				
Funding				
*A scholar is required to document at least \$	1,800 per month, plus \$500/month	h 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:
Type of Funding Source:	Name of Funding Agency:
Type of Funding Source:	Name of Funding Agency:

#### **POSITION IN HOME COUNTRY**

Position:

Employer or Institution:

#### **PASSPORT INFORMATION**

Expiration Date (DD/MM/YYY):

Passport Country:

### **CURRENT VISA INFORMATION**

Are you currently in the U.S.?	Yes	No
If no, please skip to the next section.		
If yes,		
Current visa type/class (i.e. F-1,B-2, J-1, H	H-1B)	Expiration Date(DD/MM/YYY):
U.S Arrival City/Port of Entry:		Date of Most Recent Entry (DD/MM/YYY):
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"?: Ye	es 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 (2	12e) residency re	equirement? Yes No

\*Download your electronic I-94 record: https://i94.cbp.dhs.gov/I94/#/recent-search \*\*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.)? If yes, Total amount number of months on J-1 status:	Yes	No	
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 If yes,			
Total amount of time on H-1 status:			
Do you have a petition for U.S. permanent residency (green card) pending?	Yes	No	

#### **PRE-ARRIVAL TRAVEL INFORMATION**

If outside the U.S., what is your anticipated date of arrival? (DD/MM/YYYY):

List any international travel plans for next 6 months (include destinations and dates):

City/Country where you will apply for your visa stamp:

## ANTICIPATED RESIDENCES AND RESEARCH LOCATIONS IN THE U.S.

•	planning on conducting research at any other institutions or locations outside of UC Berkeley during your in the U.S.?
Yes	No
If yes,	Please list the institutions/locations.
Will you	u need to temporarily relocate to those institutions/locations?
Yes	No
If yes,	Please list the approximated dates you will be residing at those institutions/locations.

## 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 (DD/	MM/YY	YY):
U.S. INSTITUTION *Only com	plete this section	ı if you are curr	ently in t	he U.S. at a different institution*
Institution:				
International Adviser Name:		Adviser Phone N	Number:	
Adviser Email:				
Dependent - General				
Is your family currently in the U.S.? If yes, What is their visa status?	Yes	No		
If married, will your spouse accompany you in J	-2 status?	Yes		No
If the spouse will travel separately, what is his/h	er anticipated da	te 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**

Surname:	Given Name:
Birthdate (DD/MM/YYYY):	Sex: Male Female
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:
Relationship:	mail 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:	mail 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:	mail 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:	mail address*:
Surname:	Given Name:
Birthdate (DD/MM/YYYY):	Sex: Male Female
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:

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