



**International Students & Scholars Office**

International Center, 9500 Gilman Drive, Mail Code #0018

La Jolla, CA 92093-0018

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**FORM A: DS-2019 REQUEST BY SPONSORING DEPARTMENT**

**DIRECTIONS:** Form A must be completed by UCSD departments who want to sponsor J-1 Exchange Visitors in the Student category. This form must also include DS-2019 Request by Prospective Student (Form B) and Health Insurance Memorandum of Understanding (Form C). Complete packages should be sent to the International Center (Mail Code 0018) or faxed to 858-534-0909. Please allow 10 working days for processing.

**SECTION 1: STUDENT INFORMATION**

NOTE: Write name as it appears in the student's passport biographical page (include a photocopy of the student's passport biographical page to this form):

**Name of Student:** \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)  
**Date of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_  
(Month/Day/Year) (City of Birth)  
**Country of Birth:** \_\_\_\_\_ **Gender (select one):**  Male  Female

**SECTION 2: PROGRAM INFORMATION**

**Period of Stay Requested:** From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)  
**Name of the Program:** \_\_\_\_\_  
**Specific Educational Field/Subject:** \_\_\_\_\_ **Activity:** Full-Time Student

**SECTION 3: 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\$1,000 per month for J-1 exchange visitor, US\$500 per month for J-2 spouse, and US\$250 per month for each J-2 child. Written verification such as an original bank statement is required for financial support NOT provided by UCSD.

<input type="checkbox"/>	<b>University of California, San Diego</b> (includes government grants to UCSD)	\$ _____ per month X _____ months=\$ _____
<input type="checkbox"/>	<b>US Government Agency</b> (includes grants given directly to visitor for international exchange)	\$ _____ per month X _____ months=\$ _____
<input type="checkbox"/>	<b>Student's Home Government</b>	\$ _____ per month X _____ months=\$ _____
<input type="checkbox"/>	<b>Other (please specify):</b> _____	\$ _____ per month X _____ months=\$ _____
<input type="checkbox"/>	<b>Personal Funds</b> (attach original copy of bank statement)	\$ _____ per month X _____ months=\$ _____
		<b>TOTAL = \$ _____</b>
<b>Is UCSD paying for health insurance?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(NOTE: Please notify or confirm with the student whether health insurance is provided. The student must complete Form C: Health Insurance Memorandum of Understanding.)</small>		

(Student Name)

**SECTION 4: UCSD DEPARTMENT CERTIFICATION**

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- The sponsoring department will provide an orientation and necessary assistance to the student upon arrival at UCSD.
- The proposed UCSD activity is suitable to the visitor’s background, needs, and experience.
- The student has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The student and accompanying family members have sufficient funding for their stay. (The International Center requires the visitor to have a minimum of US\$1,000 per month for basic living expenses, plus an additional US\$500 per month for a spouse and US\$250 per month for each child.)
- The student is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying the insurance premiums. (See Form C: Health Insurance Memorandum of Understanding for details about health insurance requirements.)
- The student has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The student will engage only in activities that are consistent with the intended program while on UCSD campus. Departments must inform the International Center when the student will be away from UCSD for more than 30 days while in the J program.

**PROGRAM SPONSOR INFORMATION:**

_____	_____	_____
(Print Full Name)	(Signature)	(Date)
_____	_____	_____
(Telephone Number)		(E-mail Address)

**DEPARTMENT CONTACT INFORMATION:**

_____	_____	_____
(Print Full Name)	(Signature)	(Date)
_____	_____	_____
(Telephone Number)		(E-mail Address)

**NOTE: PLEASE ALLOW AT LEAST 10 WORKING DAYS TO PROCESS THIS REQUEST.**

Departments should mail the following forms to the UCSD International Center (Mail Code: 0018):

- Form A: DS-2019 Request Form (completed by department)
- Form B: Student Information Sheet (completed by student)
- Form C: Health Insurance Memorandum of Understanding
- Photocopy of passport biographical page (including photo and expiration date)
- OTHER: If student is already in the USA, please include copy of visa stamp in passport, I-94 card (front and back), and any other immigration documents such as Form I-20(s), Form DS-2019(s), or Form I-797(s).

**SECTION 5: TO BE COMPLETED BY INTERNATIONAL CENTER**

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

(IC200511)