

# Request Form

**Use this form to:**

1. Request a travel signature
2. Request an extension of your DS-2019
3. Add Dependents to your DS-2019

## 1 Personal Information

Family Name, First Name, Middle Name		UO ID Number	Department
Visa Type	Category <input type="checkbox"/> Research Scholar <input type="checkbox"/> Short-term scholar <input type="checkbox"/> Professor	SEVIS Program Begin Date	SEVIS Program End Date
Phone Number	Email	Citizenship	
Local U.S. Address - keep updated with your department			
Home Country Address - keep updated with your department			

## 2 Financial Information

Verify support for you and your dependents for the next 12 months

Personal and family funds \$ \_\_\_\_\_

Funds from UO \$ \_\_\_\_\_ Department Name \_\_\_\_\_

Funds from another source \$ \_\_\_\_\_ Name of Sponsor \_\_\_\_\_

Total Funds \$ \_\_\_\_\_

Estimated Monthly Expenses:
Scholar \$1602
Spouse \$708
Per Child \$250

 Are you named in a federal grant?  Yes  No If yes, name of federal agency: \_\_\_\_\_

## 3 Dependents (Spouse, children)

 Do you have dependents in the U.S.?  Yes  No

## 4 DS-2019 Request

 Travel out of the U.S. for fewer than 5 months. Date I leave: \_\_\_/\_\_\_/\_\_\_ Date I return: \_\_\_/\_\_\_/\_\_\_

 Extension of my current DS-2019: New end date: \_\_\_/\_\_\_/\_\_\_

 Please attach  Contract or Courtesy Appointment  Financial Documents (if you are on a courtesy appointment)

 Add dependents: Please attach  Dependent(s) Supplemental Form

 Other: \_\_\_\_\_

## 5 Signature

 - I certify that the above information is true and accurate to the best of my knowledge. I also certify that myself and any dependents are covered by insurance meeting the J-1 visa requirements for the duration of my program.

Scholar Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

