



REQUEST FORM FOR CERTIFICATE OF ELIGIBILITY (DS-2019) FOR J-1 STUDENTS

Type or print clearly. Degree students, exchange students, and students unable to access the J-1 Portal application must complete this form when requesting a DS-2019 form. Students with access to the J-1 portal application must not complete this form. Student must return the request form together with completed Confidential Financial Statement (CFS) and copy of passport photo page to DCISS by email or campus mail - "Attn: J-1 Advisor." Processing time is 10 working days. Our office will notify the student's academic department when the DS-2019 is completed and ready for pick up. Academic departments are responsible for sending the DS-2019 to student.

Section A: Purpose of the DS-2019

- Begin New Program, or change visa to J-1, accompanied by family member(s).
Extension of stay to continue an ongoing program.
Readmission (expected return quarter)
Return from Leave of Absence (expected return quarter)
Change of Education Level/New Degree Objective

Section B: Exchange Visitor (EV) Biographical Information

Family/Last Names: First Name: (as it appears on passport)
Date of Birth (MM/DD/YYYY): Gender: Male Female Married: Yes No
City of Birth: Country of Birth:
Country of Citizenship: Country of Permanent Residence:
Email: Primary Phone Number:
U.S. Address (Use UCLA Department Address for "Begin New Program" requests)
Street Address: Room #: City:
State/Province: Postal Code: Country:

Section C: Program Information

Program Dates (Program dates must match UCLA Academic Calendar dates.):

Quarter Start Date (MM/DD/YYYY): Expected Degree Completion Date(MM/DD/YYYY):

UCLA Department Name:

Primary Activity while at UCLA (J-1 Visa Category)

Degree Student engaged full-time in a degree program
Degree Objective: Bachelor's Master's Doctorate
Exchange Student engaged full-time in a non-degree objective course of study
Program Objective: EAP IEO LAW MGMT Other:

Field of Study:

FOR DCISS USE ONLY: Signed PP \$\$ P-39 02/28/2017

Section D: Financial Support Information for the entire period covered by this form.

Student must attach completed [Confidential Financial Statement \(CFS\)](#) and financial supporting documents to this request. Not submitting completed CFS will delay DS-2019 processing.

Section E: Dependent Information – list accompanying dependents who do not hold U.S. passports; copy of dependent passport required.

Family/Last Names:	First Name:	(as appears on passport)
Relationship (spouse/child):	Date of Birth (MM/DD/YYYY):	
City of Birth:	Country of Birth:	
Country of Citizenship:	Country of Permanent Residence:	
Email:	Phone Number:	

Family/Last Names:	First Name:	(as appears on passport)
Relationship (spouse/child):	Date of Birth (MM/DD/YYYY):	
City of Birth:	Country of Birth:	
Country of Citizenship:	Country of Permanent Residence:	
Email:	Phone Number:	

Family/Last Names:	First Name:	(as appears on passport)
Relationship (spouse/child):	Date of Birth (MM/DD/YYYY):	
City of Birth:	Country of Birth:	
Country of Citizenship:	Country of Permanent Residence:	
Email:	Phone Number:	

Section F: To be completed by academic department.

Name of Student Affairs Officer/Academic Counselor: _____ Title: _____

Signature: _____ Date: _____

School/Department: _____ Phone/Extension: _____ Email: _____

Name of Faculty Advisor or Department Chairperson: _____ Title: _____

Signature: _____ Date: _____