Form DS-2019 Application

Instructions: The Form DS-2019 is required for the purpose of obtaining a J-1 student visa. Please complete all sections of this application as they relate to you. Submit the completed Form DS-2019 Application with passport copies and financial documents to the Exchange Programs Office at Kutztown University by mail, fax, or email to receive your Form DS-2019 by mail.

Section I. Student Details
Please enter your name in English exactly as it appears in your passport. You must provide a copy of the biographical information page of your passport with this application to confirm all details.

Last (Surname/Primary/Family) Name: ____________________________________________________________
First (Given) Name: __________________________________________________________________________
Preferred Name: _____________________________________________________________________________
Sex: □ Male □ Female            Date of Birth: _________________ (MM/DD/YYYY) – ex. January 10, 2001 is 01/10/2001

Section II. Student Citizenship
City of Birth: __________________________________ Country of Birth: __________________________________
Country of Citizenship: __________________________ Country of Legal Permanent Residence: ___________________

Section III. Student Permanent Foreign Address for DS-2019
Address 1 (number and street): __________________________________________________________________
Address 2: _______________________________________________________________________________________
City: _________________________________________ Province: ____________________________________________
Country: ______________________________________ Postal Code: _________________________________________

IV. Mailing Address for DS-2019
Address 1 (number and street): __________________________________________________________________
Address 2: _______________________________________________________________________________________
City: _________________________________________ State/Province: _______________________________________
Country: ______________________________________ Postal Code: _________________________________________
Phone number for delivery: ______________________ Email for delivery: __________________________________
Please tell us the date(s) you will be at this address: __________________________________________________

V. SHIPPING PREFERENCE for DS-2019

Do you plan to pay for express mailing of your DS-2019? □ No □ Yes IF YES
– Fill out the form for Express Document Shipping information at www.kutztown.edu/studentvisa
Only an unmarried child under the age of 21 years or a spouse is considered to be a dependent for the purpose of obtaining a J-2 dependent visa. You must provide a copy of the biographical information page of the passport for all dependents. Attach additional sheets if necessary for additional dependents. You do not need to complete this section if you are not married, do not have children, or do not plan for your spouse and children to apply for J-2 status.

Will you have any dependent spouse or children who will need a J-2 visa?

□ Yes – Complete Section VI. □ No – Go to Section VII.

First Dependent Information

Relationship: □ Spouse □ Child

Surname/Primary/Last/Family Name: ________________________________________________________________

First (Given) Name: __________________________________________________________________________

Date of Birth: _________________________________ Gender: □ Male □ Female

City of Birth: _________________________________ Country of Birth: ________________________________

Country of Citizenship: __________________________ Country of Legal Permanent Residence: ______________

Second Dependent Information

Relationship: □ Spouse □ Child

Surname/Primary/Last/Family Name: ________________________________________________________________

First (Given) Name: __________________________________________________________________________

Date of Birth: _________________________________ Gender: □ Male □ Female

City of Birth: _________________________________ Country of Birth: ________________________________

Country of Citizenship: __________________________ Country of Legal Permanent Residence: ______________

Additional dependents may be listed on a separate page if needed.

Section VII. Current Status

Are you currently in the U.S.? □ Yes – Complete Section VII. □ No – Go to Section VIII.

What is your current visa type? ___________________ When does your current visa status expire? ________________

If you do not have J-1 status, please tell us how you plan to get J-1 status:

□ Change of status in the U.S.
□ Travel to get the correct status
□ Reinstatement
Form DS-2019 Application

Section VIII. Transfer Information

Are you transferring a SEVIS record from another U.S. institution? □ Yes – Complete Section VIII. □ No – Go to Section IX.

Student Section

You will have to request that your SEVIS record be transferred to Kutztown University. We require additional information from your current institution before accepting your transferred SEVIS record. Please print and sign your name before giving this form to the Responsible Officer at your current institution. The form must be sent to KU by an RO.

Student Name (Printed): ________________________________________________________________________________________

Student Email: ______________________________________________________________________________________________

Semester you plan to enroll at Kutztown University: _________________________________________________________________

I grant permission for the information requested below to be forwarded to Kutztown University.

Signature: _______________________________________________________ Date: ______________________________________

Please give the Section VII. Transfer Information page to the RO at your current institution to complete and submit to KU.

RO Section

Attention Responsible Officer: Thank you for completing this section of the form and sending it by mail, email, or fax to the Office of International Admissions & Services at Kutztown University; please see contact information below.

Is the student’s data in SEVIS? □ Yes □ No SEVIS ID: ____________________________________________

Current SEVIS end date: _________________________ SEVIS transfer release date: _____________________________

To the best of your knowledge, has this student maintained full-time enrollment? □ Yes □ No If no, please explain. _____________________________________________________________________________________

Please list any Academic Training or off-campus work authorizations. ______________________________________________

______________________________________________________________________________________________

__________________________________________________________________________________________________

Please list any Reduced Course Load (RCL) authorizations. _______________________________________________________

______________________________________________________________________________________________

__________________________________________________________________________________________________

Is this student eligible to continue at your institution? □ Yes □ No If no, please explain. _____________________________________________________________________________________

RO Name (Printed): ________________________________ RO Title: ___________________________________________

RO email: ________________________________________ RO phone number: __________________________________

RO Signature: _____________________________________ Date: _______________________________________________

Kutztown University of Pennsylvania Program Number: P-1-05456

Exchange Programs Phone: 484-646-4256

Kutztown University Fax: 610-683-1356

P.O. Box 730 Email: studyaway@kutztown.edu

Kutztown, PA 19530
Section IX. Financial Information

The United States government requires all international applicants to provide proof of their ability to pay tuition, fees, and living expenses for the full length of their program of study. Kutztown University of Pennsylvania requires evidence of financial support to issue the Form DS-2019. Please be aware that you will not be able to pay for the full amount of your educational expenses by working while you are in the United States. U.S. government regulations strictly limit employment authorization and require that holders of student visas must be full-time students. Therefore, your job opportunities are extremely limited.

You will need to submit evidence of financial resources available to you for the “Total Amount to be Verified for One Semester of Study” amount listed below from your own assets or a sponsor. You must also show that you have continued financial support for the duration of your academic program if you will attend KU for longer than one semester. All sponsors must complete the Affidavit of Financial Support, which is page five (5) of this document. You may submit multiple copies of page five (5) if you will have multiple sponsors.

Submit only copies of official financial documents; you will need to take the official financial documents to your visa interview.

Here is a list of acceptable documents:

- Six consecutive months of bank statements
- Bank loans for educational purposes
- Scholarship letters
- Investment statements indicating liquid assets
- Government funding guarantor letter

All documents must be less than two months old and translated to English. Provide a description of currency type if not explicitly stated on the document.

<table>
<thead>
<tr>
<th>Item</th>
<th>Bachelor’s Degree</th>
<th>Master’s Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall Semester</td>
<td>Fall Semester</td>
</tr>
<tr>
<td>Advanced Registration Fee:</td>
<td>$275</td>
<td></td>
</tr>
<tr>
<td>Housing &amp; Meals:</td>
<td>$5,900</td>
<td>$5,900</td>
</tr>
<tr>
<td>Books &amp; Personal Expenses:</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Health Insurance &amp; Medical Expenses:</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Total Amount to be Verified for One Semester of Study:</strong></td>
<td><strong>$8,675</strong></td>
<td><strong>$8,400</strong></td>
</tr>
</tbody>
</table>

- Students should also budget for transportation to/from Kutztown University and summer break housing, if applicable.
- Dependent support: Student must show an additional $6,500 of support for a spouse and each child.
- This a moderate budget; housing, meals, books and personal expenses may vary.

For more information about local cost of living in the area of Kutztown University, please see the Living Wage Calculator.

Questions to be referred to Maria Hernandez, ARO hernande@kutztown.edu
Please complete all sections of this form and PRINT CLEARLY to ensure accuracy on the form DS-2019. Write NA if a section is not applicable to you. **NOTE: YEARLY AMOUNT OF SUPPORT PROMISED TO STUDENT IS A REQUIRED FIELD.** The total from all Sponsors MUST equal $8675 from Undergraduate applicants and $8400 from Graduate Applicants.

### Student’s Information

<table>
<thead>
<tr>
<th>Student’s KU ID Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Last (Family) Name:</td>
<td>Student’s First (Given) Name:</td>
</tr>
<tr>
<td>Student’s Annual Income:</td>
<td>Student’s Personal Savings:</td>
</tr>
<tr>
<td>Student’s Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Family Financial Support Information

**Parent/Guardian 1**

<table>
<thead>
<tr>
<th>Last (Family) Name:</th>
<th>First (Given) Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation AND Employer Name:</td>
<td>Annual Salary:</td>
</tr>
<tr>
<td>Other Income:</td>
<td>Please describe other income:</td>
</tr>
<tr>
<td>Relationship to student (mother, father, guardian, etc.):</td>
<td><strong>Yearly Amount of Support Promised to Student in US Dollars:</strong></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Number of people in family parents/guardians must financially support:

**Parent/Guardian 2**

<table>
<thead>
<tr>
<th>Last (Family) Name:</th>
<th>First (Given) Name:</th>
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<tbody>
<tr>
<td>Occupation AND Employer Name:</td>
<td>Annual Salary:</td>
</tr>
<tr>
<td>Other Income:</td>
<td>Please describe other income:</td>
</tr>
<tr>
<td>Relationship to student (mother, father, guardian, etc.):</td>
<td><strong>Yearly Amount of Support Promised to Student in US Dollars:</strong></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Sponsor Information (anyone other than the student, parent or guardian who will financially sponsor student’s education)**

<table>
<thead>
<tr>
<th>Last (Family) Name:</th>
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