



University at Buffalo
The State University of New York

Office of International Education
International Student and Scholar Services

DS-2019 REQUEST FORM FOR STUDENTS For use by non-UB SUNY schools

Please type or print clearly. Submit completed form, cover sheet, documentation of financial support, and a copy of the pertinent sections of the Exchange Agreement, if applicable, to Immigration Services, 210 Talbert Hall, North Campus.

This request is for: _____ Initial DS-2019
_____ Extension
_____ Transfer of Program
_____ Invitation of dependents (spouse/children)
_____ Replacement of form

Name _____
Last/Family First Middle

Male _____ Female _____

Date of Birth _____ Place of Birth _____
Month/Day/Year City/Country

Country of Citizenship _____ Country of Legal Permanent Residence _____

Position in Home Country (if student, indicate whether undergraduate or graduate)

Is this visit covered by a campus Exchange Agreement? _____ Yes _____ No

If yes, Exchange Partner _____

Campus Exchange Administrator _____

Phone Number _____

Degree level in U.S.: _ Bachelor _____ Master ____ Ph.D. _____ Non-Matriculated

Academic Department and Field of Specialization (e.g. engineering/civil engineering)

Department Address _____

Expected Date of Graduation/Completion _____

Time period for which DS-2019 is requested:

Beginning date* _____
Month/Day/Year

Ending date _____
Month/Day/Year

**The initial date is the date by which the student is expected to arrive on campus (be sure to include International Student Orientation date, if applicable). The student may enter the U.S. prior to the initial date, but entry after that date may cause immigration difficulties.*

Source and Amount of Financial Support (Complete all that apply).

Tuition waiver and amount \$ _____

Stipend source and amount

_____ State \$ _____

_____ Research Foundation \$ _____

_____ Other \$ _____

Other Sponsor

(Official documentation of support in U.S. dollars must accompany this request form.)

_____ Exchange Visitor's Government \$ _____
(Letter on official letterhead identifying a U.S. dollar amount and the duration of support)

_____ Other organizations providing support \$ _____
Please list _____
(Letter on official letterhead identifying a U.S. dollar amount and the duration of support)

_____ Personal funds* \$ _____
(Official bank statement showing account balance in U.S. dollars)

_____ Exchange Agreement \$ _____
(Please specify provisions; e.g. tuition waiver, stipend, room and board, and attach copy of pertinent provisions of Exchange Agreement)

- **Please note: A DS-2019 may not be issued to a student whose funding is only from family or personal funds unless the student is coming to the U.S. pursuant to an official, written Exchange Agreement.**

**It is recommended that account balances of personal funds be documented over a 3-6 month period to indicate resource stability.*

Source of Mandatory Health Insurance

- Benefit of University assistantship
- SUNY International Student Medical Insurance
- Student will purchase in home country (Student must present an English translation of a comparable policy to appropriate designee)

Accompanying Immediate Family Members (Spouse and/or children):

<u>Name</u> (Last/Family, First)	<u>Relationship</u> <u>to Student</u>	<u>Date of Birth</u> (Month/Day/Year)	<u>City & Country</u> <u>of Birth</u>

Upon completion of DS-2019 Form:

Mail to student by regular air mail
Address _____

Express mail to: _____
Carrier _____
Account# _____
Address _____

Phone# _____ (required for express mail)

If you have any questions, please call Immigration Services, 210 Talbert Hall at (716) 645-2355.

