The Form DS-2019 is requested for the purpose of:

1. ☐ Duplicate of previously issued DS-2019. There is a $10.00 charge. No need to complete “Financial Support” section on the reverse side.

2. ☐ Adding spouse and/or children as J-2 dependent(s) – Please attach copy of photo ID page in Passport for each dependent.
   - Health insurance coverage is required by law for all J-2 dependents.
   - J-2 dependents can legally study part time or full time.
   - J-2 dependents can apply for work authorization through USCIS if money is not used to support the J-1.

3. ☐ Reinstatement request to U.S. Department of State

Please turn form over and complete reverse side also.
FINANCIAL VERIFICATION

Please check and complete the following as appropriate. Give the total estimated financial support to be provided to the student for the entire period covered by the DS-2019. ATTACH APPROPRIATE VERIFICATION. Proof of finances must be attached, e.g., bank statement or letter from sponsoring organization. Failure to do so will delay the preparation process. A signature from the department will suffice as verification if funding is from the University of Kansas.

☐ The University of Kansas: MUST be signed below by appropriate department if receiving funds from KU

☐ Academic Year Contracted Position: ☐ GTA ☐ GRA ☐ Lecturer
Department/School Employed by: __________________________
FTE%: ☐ 50% ☐ 40% ☐ 30% ☐ 25% ☐ 20% ☐ Other ________
Term(s): ☐ Fall 20 ___ ☐ Spring 20 ___
Total Salary for period of appointment indicated above: $ ________________

Tuition/Fee benefits in addition to salary (can check more than one):
Tuition: ☐ Student gets Full Tuition Paid (pays no tuition) or ☐ Student pays own tuition at In-State Rate
Fees: ☐ Student gets All Fees Paid or ☐ Student gets Partial Fees Paid (specify) ________________
☐ Other ________________
Likely Renewable? ☐ Yes ☐ No

☐ Summer Contracted Position: ☐ GTA ☐ GRA ☐ Lecturer
Department/School Employed by: __________________________
FTE%: ☐ 100% ☐ 50% ☐ Other ________
Term: ☐ Summer 20 ___
Total Salary for entire summer period: $ ________________

Tuition/Fee benefits in addition to salary (can check more than one):
Tuition: ☐ Student gets Full Tuition Paid (pays no tuition) or ☐ Student pays own tuition at In-State Rate
Fees: ☐ Student gets All Fees Paid or ☐ Student gets Partial Fees Paid (specify) ________________
☐ Other ________________
Likely Renewable? ☐ Yes ☐ No

☐ Scholarship Amount $ __________________ Funds provided by: __________________________(dept./school)
☐ Other ____________________ Amount $ ____________________

Signature of Dept __________________________ Name __________________________ Phone _____________

☐ U.S. Government Agency: (Do NOT include money received through a U.S. government grant if the funds are not specifically allocated for this individual) (attach proof)
Amount of funding: ____________________ Source of funding: ____________________________
name of agency

☐ The Exchange Visitor’s government: (attach proof)
Amount of funding: ____________________

☐ The binational Commission of the visitor’s country: (attach proof)
Amount of funding: ____________________

☐ All other organizations providing support: (attach proof)
Amount of funding: ____________________ Source of funding: ____________________________
name of organization

☐ Personal or Family Funds: (Must provide official statement confirming the amount of funds listed below, e.g., bank statement)
Amount of funding: ____________________

Signature of student __________________________ Date __________________________

Please meet with an ISS advisor to turn this form in.

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