

FORM A: I-20 / DS-2019 REQUEST BY SPONSORING DEPARTMENT

DIRECTIONS: Form A must be completed by UCSD departments who want to sponsor J-1 Exchange Visitors in the Student category or F-1 Students in the non-degree category. This form must also include I-20 / DS-2019 Request by Prospective Student (Form B) and Health Insurance Requirement Form (applicable only to J-1 applicants).

Selection of Visa Classification: I-20 (for F-1 visa) DS-2019 (for J-1 visa)

Processing: Standard (10 business days) Rush (5 business days)

SECTION 1: STUDENT INFORMATION

NOTE: Write name as it appears in the student's passport biographical page (include a photocopy of the student's passport biographical page to this form):

Name of Student: _____
 (Family/Last Name) (First Name) (Middle Name)

Date of Birth: _____ **City of Birth:** _____
 (Month/Day/Year) (City of Birth)

Country of Birth: _____ **Gender as listed on passport:** (select one): Male Female

SECTION 2: PROGRAM INFORMATION

Period of Stay Requested: From: _____ To: _____
 (Month/Day/Year) (Month/Day/Year)

Name of the Program: _____

Specific Educational Field/Subject: _____ **Activity:** Full-Time Student

SECTION 3: FINANCIAL SUPPORT INFORMATION

NOTE: All students must provide verification of financial support to cover all tuition, fees, and living expenses while studying in the USA. Minimum amount for living expenses is US\$2,400 per month for F-1 student / J-1 exchange visitor, US\$800 per month for first dependent, and US\$400 per month for each additional dependent. Written verification such as an original bank statement is required for financial support NOT provided by UCSD.

<input type="checkbox"/>	University of California, San Diego (includes government grants to UCSD)	\$ _____ per month X ___ months=\$ _____
<input type="checkbox"/>	US Government Agency (includes grants given directly to visitor for international exchange)	\$ _____ per month X ___ months=\$ _____
<input type="checkbox"/>	Student's Home Government	\$ _____ per month X ___ months=\$ _____
<input type="checkbox"/>	Other (please specify): _____	\$ _____ per month X ___ months=\$ _____
<input type="checkbox"/>	Personal Funds (attach original copy of bank statement)	\$ _____ per month X ___ months=\$ _____
		TOTAL = \$ _____

Is UCSD paying for health insurance? Yes No

(Student Name)

SECTION 4: CURRENT OR LAST ACTIVITY IN HOME COUNTRY

NOTE: Select one option below.

Student is or was most recently a STUDENT.
(Provide: degree level & name of institution below)

Student is or was most recently EMPLOYED (not a student).
(Provide job title & name of employer below)

SECTION 5: UCSD DEPARTMENT CERTIFICATION

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- The sponsoring department will provide an orientation and necessary assistance to the student upon arrival at UCSD.
- The proposed UCSD activity is suitable to the visitor's background, needs, and experience.
- The student has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The student and accompanying family members have sufficient funding for their stay. (The International Students & Programs Office requires the visitor to have a minimum of US\$2,400 per month for basic living expenses, plus an additional US\$800 per month for first dependent and US\$400 per month for additional dependents)
- The student is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying the insurance premiums. (See Health Insurance Requirement Form for details about health insurance requirements.)
- The student has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The student will engage only in activities that are consistent with the intended program while on UCSD campus. Departments must inform the International Students & Programs Office when the student will be away from UCSD for more than 30 days while in the J program.

PROGRAM SPONSOR INFORMATION:

(Print Full Name)

(Signature)

(Date)

(Telephone Number)

(E-mail Address)

DEPARTMENT CONTACT INFORMATION:

(Print Full Name)

(Signature)

(Date)

(Telephone Number)

(E-mail Address)

Departments should email the following forms to the UCSD International Students & Programs Office (Mail Code: 0018):

- Form A: 1-20 / DS-2019 Request by Sponsoring Department (completed by department)
- Form B: I-20 / DS-2019 Request by Prospective Student (completed by student)
- Health Insurance Requirement Form (J-1 applicants only)
- Photocopy of passport biographical page (including photo and expiration date)
- OTHER: If student is already in the USA, please include copy of visa stamp in passport, I-94 card (front and back), and any other immigration documents such as Form I-20(s), Form DS-2019(s), or Form I-797(s).