

DS-2019 REQUEST FORM FOR GW STUDENTS

Date: _____

GW School or College: _____

Education Level: Bachelors Masters Doctoral Non-degree

Family Name: _____ First Name: _____

Student ID Number / GWid _____ E- Mail: _____

REASON FOR DS-2019 REQUEST:

Type of DS-2019 Request you are making (check one)	Provide these documents (depending on request type):
REPLACE A LOST DS-2019	Photocopy of most recent DS-2019 and I-94 Card
DEPENDENT FAMILY MEMBER	1. Financial support documents showing funds sufficient to cover expenses for both you and family; and 2. Copy(ies) of the biographical page from dependents' passport(s)
EXTENSION OF STAY: From: _____ To: _____	1. Financial support documents; and 2. Letter signed by Department Chair and Dean, inviting you for a specific additional period of time.

SOURCE OF FUNDS	AMOUNT OF FUNDS
A. PERSONAL OR FAMILY FUNDS > B. GW > C. YOUR HOME GOVERNMENT > D. U.S. GOVERNMENT > E. OTHER (PLEASE SPECIFY): >	A. _____ B. _____ C. _____ D. _____ E. _____ TOTAL: _____

In order to complete your request, please complete the [J-1 Health Insurance Certification](#) form as well.

IF DEPENDENT FAMILY MEMBERS ARE BEING INCLUDED IN THIS REQUEST, PLEASE PROVIDE THE INFO BELOW:

FULL NAME RELATIONSHIP DATE OF BIRTH PLACE OF BIRTH (city, country) CITIZENSHIP