

University of Virginia
INTERNATIONAL STUDIES OFFICE
DS-2019 Request Document

Reason for Requesting DS-2019:

- Lost DS-2019** **Change of Program** **Change of Degree**
 Program Extension **Change of Funding** **Use by Dependents**
 SEVIS request

Date: _____

Family Name _____

First Name _____

**Country of
Citizenship** _____

Charlottesville Address _____

Zip code _____

Permanent (Foreign) Address:

Email Address _____

What is your department of study

Undergrads: Do you have a Major? _____

Minor? _____

What degree do you expect to receive at UVa.

_____?

FAMILY

Spouse - Name, Date and Place of Birth:

Children - Name, Date and Place of Birth:

Are they in Charlottesville now: _____

INSURANCE: Emergency hospitalization insurance is mandatory.

Name of Insurance Company

Policy Number

If applying for work authorization, proposed dates of employment:

From _____ **To** _____ **Full-Time/Part-Time**

Previous Employment Authorization while on J-1 status: write in dates

_____ during or after Bachelors/Masters/Doctorate

Funding at UVA

Amount: _____ **Source:** _____

Additional SEVIS Data

SSN or ITIN#: _____

Driver's License #: _____

Issuing State: _____

IMPORTANT: By Law, Changes of Address and Status must be reported to the ISO within 10 days. You may email changes to issp@virginia.edu or bring changes in writing to the ISO.