



University at Buffalo
The State University of New York

Office of International Education
Immigration Services

DS-2019 J-2 REQUEST FORM (AFTER J-1 ARRIVAL)
J-1 EXCHANGE VISITOR PROGRAM

Please type or print clearly. Submit completed form and all other required documentation to Immigration Services, via e-mail to: Cinthya Koudounas at cinthyaa@buffalo.edu.

J-1 Scholar's Name _____
FAMILY NAME GIVEN NAME

J-1 DS-2019 SEVIS NUMBER _____

THE FOLLOWING INFORMATION AND DOCUMENTS ARE REQUIRED FOR EACH DEPENDENT
(unless otherwise indicated):

1. FAMILY NAME, GIVEN NAME _____
2. DATE OF BIRTH _____
3. CITY AND COUNTRY OF BIRTH _____
4. COUNTRY OF CITIZENSHIP AND COUNTRY OF PERMANENT RESIDENCE _____
5. RELATIONSHIP TO SCHOLAR _____
6. COPY OF PASSPORT BIOGRAPHIC PAGE
7. COPY OF MARRIAGE CERTIFICATE AND ENGLISH TRANSLATION (*Spouse only*)
8. COPY OF BIRTH CERTIFICATE AND ENGLISH TRANSLATION (*Dependent children only*)
9. MEDICAL INSURANCE ATTESTATION (CHECKED STATEMENT FOR DEPENDENTS AND SIGNED)
10. COPY OF BANK STATEMENT FOR PROOF OF FUNDS (*If not funded by UB*)
11. CERTIFICATION AND FEE AGREEMENT (*Please see next page*)

NECESSARY FUNDS PER MONTH (*Subject to change*)

\$1,128.03 Spouse and children (add \$375 for each additional child per month)

\$629.59 Spouse only

CERTIFICATION AND FEE AGREEMENT

OFFICE OF INTERNATIONAL EDUCATION SERVICES FEE:

The one time service fee of **\$435[^]** (DEPENDENT(S) DS-2019) will be paid by:

J-1 Scholar's Name: _____

E-mail Address: _____

Signature: _____

Date: _____

[^]Credit Card Rates include university credit card transaction processing fees.