

DOCUMENT REQUEST FORM FOR J-1 STUDENTS

Name: _____
(Please print) Last First Middle

Student ID: _____ **Phone:** _____ **Email:** _____

Date of Birth: ___ / ___ / ___ **Gender:** Male Female **Major:** _____
mm dd yyyy

City of Birth: _____ **Country of:** _____
Citizenship Birth Permanent Residence

- ▶ Submit this form & required documents (see below) to: University of Arizona, Office of International Student Programs & Services, 915 N. Tyndall Avenue, Tucson, Arizona 85721. Phone (520) 621-4627 | Fax (520) 621-4069.
- ▶ Normal processing time for each request is listed below. Note that ISPS cannot expedite requests.
- ▶ If you would like your documents mailed to you, complete mailing information on page 2 (shipping fee required).

✓	Type of Request	Please submit the following documents to ISPS:
<input type="checkbox"/>	Change of Education Level <i>(10 business days)</i>	ISPS Financial Guarantee Form (attach funding documents), Admissions letter
<input type="checkbox"/>	Change of Status/Visa Type <i>(10 business days)</i>	Copy of current passport, visa, and I-94 card, Financial Guarantee Form (attach funding documents), Admissions letter (or letter from dept. if currently enrolled), Home country address and US address (see page 2 of this form)
<input type="checkbox"/>	Dependent Document <i>(10 business days)</i>	Current DS-2019, Financial Guarantee Form (attach funding documents), Copy of dependent's passport, Fill out Dependent information (see page 2)
<input type="checkbox"/>	Initial DS-2019 <i>(10 business days)</i>	All current and previously issued UA DS-2019s, Financial Guarantee Form (attach funding documents), Letter from dept. with projected degree completion date, Fill out home country address (see page 2 of this form)
<input type="checkbox"/>	ITIN Letter <i>(3 business days)</i>	Form W-7, Form W-8BEN (if from tax-treaty country), Copy of scholarship letter; Copies of passport, visa stamp, I-94 card, and current DS-2019
<input type="checkbox"/>	J-1 Academic Training <i>(10 business days)</i>	DS-2019, Employer letter, Recommendation letter from academic advisor, Proof of insurance for J-2 Dependent(s)
<input type="checkbox"/>	Letter of Enrollment <i>(3 business days)</i>	Just this form
<input type="checkbox"/>	Letter of Invitation <i>(3 business days)</i>	Fill out Letter of Invitation supplemental information (see page 2 of this form)
<input type="checkbox"/>	Program Extension <i>(10 business days)</i>	Current and all previously issued UA DS-2019s, Financial Guarantee Form (attach funding documents), Letter from academic advisor (must be on dept. letterhead and include expected degree completion date and explanation for why extension is needed), Proof of health insurance
<input type="checkbox"/>	Replacement DS-2019 <i>(10 business days)</i>	Personal statement explaining circumstances in which DS-2019 was lost, stolen, or damaged
<input type="checkbox"/>	Social Security Letter <i>(5 business days)</i>	Copy of front/back of I-94 card, Letter from employer in specified format (see <i>GISAL/UA Employer SSN Letter</i> form, print on dept. letterhead), J-1 Work Authorization form
<input type="checkbox"/>	Travel Signature <i>(3 business days)</i>	Current DS-2019, Unofficial Pima transcripts (if you have taken a Pima class previously)
<input type="checkbox"/>	Other (please specify):	

(FOR OFFICE USE ONLY)

Date Received: _____ Date Prepped: _____ Date Completed: _____ Date Emailed: _____
 By: _____ By: _____ By: _____ By: _____

Notes:

Mailing Information:

If you would like your documents mailed to you, please provide the following mailing information. *Note that you will be charged the cost of shipping.*

Street		P.O. Box (if applicable)	
City	State/Province	Zip/Postal Code	Country
Select which FedEx service you prefer Domestic: _____ Overnight _____ 2 nd Business Day _____ 3 rd Business Day International: _____ Int'l Priority _____ Int'l First Class _____ Int'l Economy			
Credit Card #: _____ - _____ - _____		Expiration Date: _____ / _____ mm yyyy	
Telephone #: (____) _____ - _____ (Required for Delivery)			

Supplemental Information Required for Dependent Document or Letter of Invitation:

(For each individual, please fill in each column with the following information. Please print.)

First Name			
Middle Name			
Family Name			
Date of Birth (mm/dd/yyyy)			
Country of Citizenship			
Country of Birth			
City of Birth & Country of Permanent Residence (J2 visa Holders only)			
Relationship to You			

Information Required for Initial Ds-2019s or Change of Status/Visa Requests:

Home Country

Address:

(No P.O. Box) Street (print) City State/Province Zip/Postal Code Country

United States

Address:

(No P.O. Box) Street (print) City State Zip/Postal Code

Additional Comments: _____

