

IDENTIFICATION INFORMATION

Last Name:		First & Middle Name:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Current Visa Type:	
SEVIS ID:		WSU ID:	
Country of Birth:		Country of Citizenship:	
City of Birth:			

CURRENT PROGRAM INFORMATION

Current Degree Program:	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm.D. <input type="checkbox"/> Other – Please Specify: _____		
Major:	Position in Home Country:		
Program Start Date:	Program End Date:		

U.S. CONTACT INFORMATION

Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
WSU Email:	Personal Email:	

FOREIGN ADDRESS

Address:			
City:	Province:	Postal Code:	Country:

FINANCIAL RESOURCES (If required. Marked by Asterisks on Page 2)
Please attach copies of appropriate documentation.

<input type="checkbox"/> Student Personal Funds Amount: _____
<input type="checkbox"/> Funds from WSU (Scholarships, Assistantships, etc.) Amount: _____ Source: _____
<input type="checkbox"/> Funds from other sources (Specify source) Amount: _____ Source: _____
<input type="checkbox"/> On Campus Employment: Amount: _____ Employer: _____
<input type="checkbox"/> I will pick up the DS-2019
Student's Signature: _____ Date: _____

PLEASE BE SURE TO COMPLETE BOTH PAGES OF THIS FORM

REASON FOR NEW DS-2019 *(Please check all that apply)*

Change of Major *

New Major: _____

Start Date: ____/____/____ Expected Graduation Date: ____/____/____

Change of Program Level *

From: _____ To: _____

Program Extension *

Reason for Extension: _____

New Program End Date: ____/____/____

Other: _____

Dependents * *(ONLY if you are requesting an I-20 for them.)*

Please provide the following information for each dependent you are requesting an I-20 for.

REMINDER: Proof of relationship is required. Please bring the appropriate documents such as marriage certificate, birth certificate, etc. as needed to properly establish your relationship to the dependent listed.

Name (Last, First Middle)	Date of Birth	Country of Birth	Country of Citizenship	Relationship

*** Asterisk indicates that new financial documentation is required if the current financial documents OISS has on file are more than 6 months old.**

PLEASE BE SURE TO COMPLETE BOTH PAGES OF THIS FORM