



## J-1 Student Non-degree DS-2019 Request Form - Part I

This form is used to request a Form DS-2019 for a J-1 Exchange Visitor coming to the University of Kentucky as a Student Non-degree. This form is to be completed by the exchange visitor and submitted by the sponsoring department.

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### PURPOSE OF REQUEST

To apply for a J-1 visa at an US Embassy and enter the United States  
Transfer of DS-2019 to UK from another US institution  
Change of Status to J-1 Student Non-degree from within the United States

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### EXCHANGE VISITOR INFORMATION

Family Name of student First Name Middle Name

Birth Date (MM/DD/YYYY)

Gender

Country of Birth

City of Birth

Country of Legal Permanent Residence

Country of Citizenship

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### FOREIGN ADDRESS INFORMATION

Street Address

Street Address Line 2

City

State

Postal Code

Country

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### CONTACT INFORMATION

E-mail Address

Phone Number

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## DEPENDENT INFORMATION

List all dependents who will be accompanying the exchange visitor to live in the U.S. Only a legal spouse and dependent unmarried children under the age of 21 can be claimed as dependents. The financial requirement for a spouse is an additional \$3,000 and \$1500 for each child.

### Dependent #1

Dependent's Family Name

Dependent's First Name

Relationship  
to student

Date of Birth

City of Birth

Country of Citizenship

Country of Legal Permanent Residence

### Dependent #2

Dependent's Family Name

Dependent's First Name

Relationship  
to student

Date of Birth

City of Birth

Country of Citizenship

Country of Legal Permanent Residence

### Dependent #3

Dependent's Family Name

Dependent's First Name

Relationship  
to student

Date of Birth

City of Birth

Country of Citizenship

Country of Legal Permanent Residence

### Dependent #4

Dependent's Family Name

Dependent's First Name

Relationship  
to student

Date of Birth

City of Birth

Country of Citizenship

Country of Legal Permanent Residence

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## EDUCATION INFORMATION

Highest academic degree earned

Position or title in home country (student, teacher, etc.)

Name of University or Employer

Street Address

City

State

Postal Code

Country

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## FUNDING INFORMATION

Please indicate the source(s) of funding used to support the proposed program:

University of Kentucky

International Organization:

Foreign Government

Personal/ Family

US Government :

Other:

**Total amount of  
funding\*:**

\*Written evidence such as a scholarship, exchange program agreement, a letter from an appropriate government agency, a bank certificate, etc., must be submitted to document the funding listed above.

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## Health Insurance Information

Will the exchange visitor be enrolling in the University of Kentucky sponsored Health Insurance?

Yes

No

If no, please indicate the name of insurance provider, maximum benefits, and period of coverage below. A copy of the medical ID card and the coverage information booklet must also be submitted along with this form.