



J-1 AMENDMENT REQUEST FORM (COLLEGE)

This form should be completed by the college or department representative. All fields are required. Any missing fields will result in the delay of the J-1 DS-2019 processing.

Section 1: J-1 Exchange Visitor's Information

Family Name: _____ Gender: Male Female
Given Name: _____
Date of Birth: _____ City & Country of Birth: _____
Program Dates: _____ to _____ SEVIS ID: _____
(mm/dd/yyyy) Start Date End Date

Section 2: Type of Request

Please **select** the appropriate option for your request and **complete** the relevant information in that section. You may select more than one if appropriate. Please note that you **do not** need to complete each section. You will only need to complete the **relevant** one(s).

Program Extension

Program Dates: _____ to _____ Will the program objectives Yes No
(mm/dd/yyyy) Start Date End Date remain the same?

If there are any significant changes to the program objectives, please explain:

Change in Funding

Proof of financial support is required for the entire duration of the J-1 scholar's program. The minimum amount of funding required is as follows:

J Type	Minimum Amount of Financial Support Required
J-1 scholar	\$1,600 per month
J-2 spouse	\$500 per month
J-2 child (under 21 years old)	\$250 per month

Section 2: Type of Request (continued)

Please indicate **all** source(s) of funding by checking the appropriate box and filling in the amount of funding for each. Evidence of the funding must be provided in the form of official letters, bank statements, etc. **The evidence must be in English and in US dollars.** If the document is not in English, it must be translated. Additionally, if the funding amounts are not in US dollars, a printout of the currency conversion must be included with the evidence.

Source of Funding	Amount (in US dollars)
San Diego State University	\$
SDSU Research Foundation	\$
US Government Agency	\$
Exchange Visitor's Government	\$
International Organization (i.e. NATO, UN, WHO, etc.)	\$
Binational Commission of the Exchange Visitor's Country	\$
All Other Organizations	\$
Personal Funds	\$
TOTAL AMOUNT	
	\$

Change in Site of Activity

Type of Change: Add Replace Remove **Dates:** _____ to _____
 (mm/dd/yyyy) Start Date End Date

Name of New Location _____

Street Address _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Will this be the new primary site of activity? Yes No
Is this a temporary site of activity? Yes No

Add a Dependent

Please complete the chart below if you would like to add J-2 dependent under the J-1 scholar. Note that only a legal spouse and unmarried children under 21 years of age qualify as J-2 dependents. Please provide copies of each of the dependents' passport biographical page.

Name of Dependent	Relationship	Date of Birth	City & Country of Birth	Country of Citizenship

Estimated date of arrival: _____