

WAYNE STATE UNIVERSITY
OISS APPLICATION FOR DS-2019

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

Change of Major *

New Major: _____ Session Start Date: _____

Expected Graduation Date: _____

Change of Program Level

From: _____ To: _____

Program Extension *

Reason for Extension: _____ New Program End Date: _____

Other: _____

Dependents* (Please write dependents name below **ONLY** if you are requesting a DS-2019 for your dependent(s), **AND BRING PROOF OF RELATIONSHIP, SUCH AS MARRIAGE CERTIFICATE, BIRTH CERTIFICATE, ETC.**)

Last Name	First Name	Middle Name	Date of Birth	City of Birth	Country of Birth	Country of Citizenship	Relationship

(*) Asterisk indicates that new financial documentation is required if current financial documentation is more than 6 months old.

PERSONAL DATA			
Visa Type:		WSU Email:	
SEVIS ID (From DS-2019):		WSU ID:	
Please Check: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):	
Country of Citizenship:		City and Country of Birth:	
Last Name:	First Name:	Middle Name:	
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): _____			

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Major:	Position/Title in Home Country:	
Program Start Date:	Program End Date:	
FINANCIAL RESOURCES (If Required, Marked by Asterisks * on Page 1)		
Student Personal Funds:	Funds From This School: (Scholarships, Assistantships, etc.)	
Funds From Other Sources: (Specify Source)	On Campus Employment:	
FOREIGN ADDRESS		
Street:		
City:	Province:	
Postal Code/ Zip Code:	Country:	
U.S. ADDRESS		
Street:		
City:	State:	Zip Code:
TELEPHONE		
Home:	Work:	Mobile:
<input type="checkbox"/> I will pick up DS-2019 Student's signature: _____ Date: _____		
OISS STAFF ONLY Application Reviewed By: _____ Date: _____		