

**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:	

**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.**

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