

Update DS-2019 funding

Change of major (subject/field code)

From: To:

Change of degree level: Bachelor's to Master's Master's to Doctoral

Update other information (name, country, etc.)

From: To:

Add J-2 dependent(s)

New to the US and applying within home country.

Currently in the US and changing status. If changing status within the US
Current status

Dependent information: Print full name as it appears on passport

DEPENDENT 1

Family name First name Middle

UMN ID# (if known)
Birthdate
Month Day Year

City and Country of Birth

Country of Citizenship Country of Permanent Residence

Gender Male Female Relationship Spouse Child

DEPENDENT 2

Family name First name Middle

UMN ID# (if known)
Birthdate
Month Day Year

City and Country of Birth

Country of Citizenship Country of Permanent Residence

Gender Male Female Relationship Spouse Child

DEPENDENT 3

Family name First name Middle

UMN ID# (if known)
Birthdate
Month Day Year

City and Country of Birth

Country of Citizenship Country of Permanent Residence

Gender Male Female Relationship Spouse Child

End status of J-2 dependent (if chosen, the dependent is **not** permitted to return to the U.S. in J-2 status unless a new DS-2019 is requested)

Family name First name Middle

SECTION 2: ESTIMATE OF EXPENSES

A. EDUCATIONAL EXPENSES (SEE PAGE 5 FOR TUITION RATES)

Number of months covered by this request: (Minimum: 1 month)
 You must show proof of funding for the number of months covered by this request.

If you have an assistantship, write the percentage time (e.g. 50%)

TUITION	Estimated cost of tuition for each semester in this request	(a) <input type="text"/>
INSURANCE	Cost of insurance per year (\$2,100) (Students with 50% assistantship per semester: \$243)	(b) <input type="text"/>
BOOKS, SUPPLIES & FEES	Estimated cost per semester (\$2,000-3,500)	(c) <input type="text"/>
SUMMER TUITION, FEES, BOOKS, AND INSURANCE	Summer educational cost (if applicable)	(d) <input type="text"/>
TOTAL EDUCATION	Add items (a) through (d) for total estimated educational expenses	(e) <input type="text"/>

B. LIVING EXPENSES

This is an estimate of the living expenses for only you. If receiving free room and board from a sponsor, indicate here the cost the sponsor incurs and list the sponsor under "funds from another source" in Section 3.

TOTAL LIVING	Minimum of \$1,296 per month	(f) <input type="text"/>
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C. DEPENDENT EXPENSES (IF APPLICABLE)

NOTE: It is the student's responsibility to provide health insurance for dependent(s) immediately upon their arrival in the US

Check the appropriate box below:

<input type="checkbox"/> 1 Dependent	\$691 per month	<input type="checkbox"/> 4 Dependents	\$1,425 per month
<input type="checkbox"/> 2 Dependents	\$971 per month	<input type="checkbox"/> 5 Dependents	\$1,647 per month
<input type="checkbox"/> 3 Dependents	\$1,196 per month		

TOTAL DEPENDENTS	Multiply by number of months in this request for total estimated dependent expenses	(g) <input type="text"/>
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TOTAL EXPENSES	Add the amounts in (e), (i), and (j) for total expenses	<input type="text"/>
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**The figures shown above are an estimate only. The University of Minnesota is not responsible for differences between actual costs and the figures provided in this estimate. The student should be prepared to find additional funding in the event that there is a sudden change in educational or living expenses.*

SECTION 3: SOURCES OF FUNDS

- Indicate financial resources available to meet educational and living expenses during the number of months specified in Section 2.
- If you receive U of M funding, is it specifically for the purpose of international educational exchange? (This does Yes No *not* include grants given directly to the U of M for the purposes other than exchange)

U of M assistantship	[specify department] _____	(h)	_____
U of M other on-campus employment (non-assistantship)	[specify department] _____	(i)	_____
U.S. government agency(s)	[specify agency (e.g. Department of Energy)] _____	(j)	_____
International organization(s)	[specify organization (e.g. UNESCO)] _____	(k)	_____
Your home country government		(l)	_____
Bi-national commission of your country		(m)	_____
All other universities/organizations	[specify source] _____	(n)	_____
Personal funds/savings		(o)	_____
TOTAL FUNDING		Add the amounts in (h) through (o) for total funding	\$ _____

SECTION 4: CERTIFICATION BY THE STUDENT

STATEMENT: By signing below, I understand that the information in this application will be used to create a DS-2019, and that it is illegal to provide false information. I take financial responsibility for all my educational and personal expenses if the sources of funding specified on this application are delayed or discontinued. The U of M accepts no responsibility for my financial needs. I know it is possible to lose ISSS/U of M financial aid if the information I have provided on this application is not consistent with the information on my financial aid application. I understand that it is my responsibility to have health insurance for myself and my J-2 dependents which meets U of M policy and J visa regulations. I am aware that J-2 dependents are not allowed to earn income in the U.S. without receiving employment authorization from USCIS. Upon my J-2 dependents' arrival (if applicable), I will provide photocopies of their passport, entry stamp, visa, and DS-2019 to ISSS.

_____	_____
Student's Signature	Month Day Year

ISSS will complete this section:

- U of M listed in box 2 on DS-2019 as sponsor. If no, refer to sponsor.
- Full-time enrollment (or RCL on file), active Program Plan, Holds?
- Proof of funding enough for duration indicated in request (though end of DS-2019/extension)
- If J-2 request, copy of J-2 passport included
- If J-2 has work authorization, remind about renewal
- Travel? J-2 travel? Passport renewal needed?

Date submitted to ISSS	_____	International student adviser initials	_____
	Month Day Year		

Adviser Comments