



**Request for DS-2019**  
**Certificate of Eligibility for Exchange Visitor Status**  
**Office of Admissions**

1325 N. College Avenue, Claremont, CA 91711 • Ph. (909) 447-2536 • Fax (909) 447-6389 • [international@cst.edu](mailto:international@cst.edu)

A form DS-2019, Certificate of Eligibility for Exchange Visitor Status, is required for a J-1 visa. Please complete this form and return it to the Responsible Officer at the Office of Admissions.

Name:	_____	Birthdate:	_____
	first middle last/family		month/day/year
Passport Name:	_____	Email:	_____
	first middle last/family	Phone Number:	_____
Place of Birth:	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	City country		
Country of Citizenship:	_____	Country of Legal Permanent Residence:	_____
Permanent Address:	Mailing Address for DS-2019:		
_____	_____		
_____	_____		
_____	_____		
Position in home country (graduate student, professor, etc.):	_____		
Estimated date of arrival in US:	_____	Estimated date of departure from US:	_____
	month/day/year		month/day/year
Field of Research:	_____		
Describe proposed research:	_____		
_____	_____		
_____	_____		
_____	_____		

**Immediate family members who will accompany you:**

Name:	_____	Birthdate:	_____
	first middle last/family		month/day/year
Passport Name:	_____	Email:	_____
	first middle last/family	Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Place of Birth:	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	City country		
Name:	_____	Birthdate:	_____
	first middle last/family		month/day/year
Passport Name:	_____	Email:	(optional)
	first middle last/family	Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Place of Birth:	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	City country		
Name:	_____	Birthdate:	_____
	first middle last/family		month/day/year
Passport Name:	_____	Email:	(optional)
	first middle last/family	Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Place of Birth:	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	City country		

**REQUIREMENTS TO SUBMIT TOGETHER WITH THIS FORM:**

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- I. **Insurance** – You are required to have medical insurance in effect for yourself and any dependents for the duration of your program. Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program. Listed below are the minimum requirements:

- (1) medical benefits of at least \$100,000 per person per accident or illness
- (2) repatriation of remains in the amount of \$25,000
- (3) expenses associated with medical evacuation in the amount of \$50,000
- (4) does not have a deductible that exceeds \$500 per accident or illness

II. **Financial Requirements:**

In order to have a DS-2019 issued for you, you must show sufficient financial support as follows:

Living Expenses <b>per month of stay</b>	\$ 1,600	X	number of months	=	\$
Dependent Spouse <b>per month of stay</b>	\$ 333	X	number of months	=	\$
Dependent Child <b>per month of stay</b>	\$ 188	X	number of months	=	\$
<b>TOTAL REQUIRED:</b>					\$

III. **Financial Support Sources**

Please enter the source and amount of your financial support during your stay, preferably in U.S. dollars (\$). For each source entered below, you must provide original documents verifying the amount. The Total amount must be *equal to or more* than the Total required. Please print all entries.

Source	Amount (USD)
<b>Personal Savings:</b> (please enter Bank Name(s))	
<b>Employer Name:</b>	
<b>Government/Private Scholarships:</b> (please enter name below)	
<b>Total Amount from all sources:</b>	

Please attach and return the original financial documents with this form to the Responsible Officer ([international@cst.edu](mailto:international@cst.edu)).

IV. **English Language Proficiency**

Participants must possess sufficient proficiency in the English language to participate in their programs. [22 CFR 62.10(a)(2)]