



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W. Campbell Rd., SSB34, Richardson, Texas 75080-3021
(972) 883-4189 ISSOJ1@utdallas.edu

Form No. 1

J-1 Student Intern DS-2019 Request Form

A. Student Intern Information Section. To be completed by the Student Intern.

Surname: _____ Given Name: _____
 Date of Birth: _____ Email: _____
 City of Birth: _____ Country of Citizenship: _____
 Country of Birth: _____ Country of Legal Permanent Residency: _____
 Name of Home Institution: _____ Graduation Date: _____
 Field of Study: _____ Degree in Progress: _____
 Home Country Address: _____
 Have you ever held J-1 status before? *If yes, attach copies of all your IAP-66s or DS-2019s to this form* Yes No
 If a current J-1 student, have you obtained a waiver of your 212(e) home residency requirement? Yes No

B. Financial Information Section. To be completed by the Student Intern.

Funding Requirements: \$1782/month (living expenses only)

Select the source of your financial support. (select all that apply)

Self. Submit financial documents which list your name as the account holder.

Sponsors. Submit financial documents which list account holder(s) as your spouse, parents, family or other individuals.

Sponsor #1 Name (Print): _____
 Sponsor #1 Signature: _____ Date: _____
 Sponsor #2 Name (Print): _____
 Sponsor #2 Signature: _____ Date: _____

UT Dallas Department.

A Business or Government. Submit letter on letterhead.

Other. Please indicate your source of funding: _____

I certify that the amount of funds indicated in any submitted financial statements or letters, are available for my student internship at The University of Texas at Dallas. (Handwritten signature required).

Student Signature: _____ Date: _____

C. Department Information Section. To be completed by the Host Department.

Name of the Host Department: _____ Contact Person: _____
 Phone: _____ Email: _____
 Internship Start Date: _____ Internship End Date: _____

Departmental Approval. All requests must be approved by the Department Head.

Name (Please Print): _____
 Signature: _____ Date: _____