



Office of Immigration & International Admissions
 Meisler Hall 2200• 390 Alumni Circle
 Mobile, AL 36688-0002
 Phone: 251.460.6050
 Email: visa@southalabama.edu

USA Scholar Request Form

Please allow 5 business days for all requests to be processed.

Jag # _____

Full Name: _____
 Family/ Last Name (Surname) Given Name (First) Middle Name (if any)

Email: _____ Phone Number: _____

Reason for Update/Change to DS-2019

- Change of Name** (new passport copy with name change must accompany this request)
- Updating financial information**
- Lost/Damaged Previous Document**
- Travel signature lines full**
- Adding Dependent(s):** Submit updated financial documents including an additional \$750 per month for a spouse and an additional \$500 per month for each child.

Attach dependent passport copies and financial documents (letter of offer, bank statement, financial guarantee) to this form.

***If financial documents are required, all documents must be dated within the last SIX months.**

Please complete the information below, if adding dependents:

<u>Dependent Name</u>	<u>Country of Birth (month/day/year)</u>	<u>Country of Citizenship</u>	<u>Relationship</u>	<u>Gender</u>

***Use back of page for additional dependents**

Spouse email address: _____

Child email address (J-2), list all : _____

Scholar Signature: _____ **Date:** _____