



The International Students Office
Massachusetts Institute of Technology

DS-2019 REQUEST FORM

Last name (please print) First name Middle

MIT ID# Email address:

Date of birth: (month/day/year) Marital Status: Sex:

City of birth: Country of birth:

Country of citizenship: Country of permanent residence

Address in home country: Address line 1:

Address line 2:

City: Province/Territory:

Postal Code: Country:

Local US address: Address line 1:

Address line 2:

City: State: Zip Code:

Admission No. (from I-94 card): US Visa expiration date:

Circle one: Currently registered Registered in non-resident status On post-completion practical training

REASON FOR REQUESTING DS-2019

- To replace a lost form
To extend program of study—please supply: 1. Letter from your academic advisor stating new expected date of graduation
2. Documentation of financial support
For use by dependents seeking US visa or change of status:
Name of dependent (last, first) husband wife son daughter
Sex Birth date City and country of birth
Country of citizenship Country of permanent residence
Name of dependent (last, first) husband wife son daughter
Sex Birth date City and country of birth
Country of citizenship Country of permanent residence
Name of dependent (last, first) husband wife son daughter
Sex Birth date City and country of birth
Country of citizenship Country of permanent residence
Change of source of funding (supply documentation)
I-515
Change of visa type
Change of degree program (must submit copy of acceptance letter from department and proof of financial support):
From SB to SM From SM to PhD
From SB to PhD From Special to Regular student
Other (please explain):

ACADEMIC INFORMATION

Current degree program: Bachelors Masters PhD Special non-degree Visiting student
Academic Department:
Do you plan to travel? If yes, will you need to renew your J-1 visa? Dates you will be traveling:

2 0 0 8 - 2 0 0 9 G U I D E L I N E S f o r R A a n d T A S t i p e n d s

<u>School of Science</u>	<u>Monthly stipend</u>	<u>School of Engineering</u>	<u>Monthly stipend</u>
RA	\$2,273	RA (SM level)	\$2,077
TA	\$2,329	RA (PhD level)	\$2,273
		TA (support)	\$2,100
		TA (contact)	\$2,329

Note: These figures were provided by the Graduate School Office as guidelines only. For exact figures, contact the department.

SOURCE AND AMOUNT OF SUPPORT PER YEAR

Personal and/or family funds: \$ _____ Funds from MIT (indicate type): <input type="checkbox"/> RA <input type="checkbox"/> TA \$ _____ <input type="checkbox"/> Fellowship <input type="checkbox"/> Loan <input type="checkbox"/> Undergraduate Financial Aid <input type="checkbox"/> Other \$ _____ _____ \$ _____ Funds from another source (please specify) _____ Total: \$ _____	Yearly Estimate of Expenses Single Graduate Student \$63,760 Married Graduate Student \$70,578 (add \$4,000 per child) Undergraduate Student \$51,670 (for 9 months only) *Figures are for 12 months. They include summer maintenance but do not include summer tuition. *The estimates reflect regular degree programs. Note that special programs and some programs such as Sloan MBA have separate tuition estimates.
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IMPORTANT: During the duration of your studies, you are required to inform both the ISO and the USCIS of any address change — temporary or otherwise — *within 10 days*. You may inform the ISO by updating your address on WebSIS; This action inform USCIS. Failure to report an address change could result in the loss of your legal status in the United States.

IMPORTANT: As an international student at MIT, **you** are responsible for maintaining **your own** legal status. This means you must ensure that you are registered full-time every semester, and that the validity of your immigration documents does not expire. Be certain to report any changes in your major, academic level, funding, and/or completion of studies date within a timely manner to the ISO. If you allow the date on your DS-2019 to expire, you will fall out of legal status and may suffer serious consequences.

Student's signature: _____ Today's date: _____
 NOTE: Your signature certifies that you have read and you understand the above statements.

F o r O f f i c e U s e O n l y

Received by: _____ Date: _____

REASON FOR REQUESTING DS-2019

- _____ Begin a new program Accompanied by _____ family members
- _____ Extend an ongoing program
- _____ Transfer to a different program
- _____ Use by dependent(s) _____
- _____ Include birthdates _____
- _____ Replaces a lost DS-2019
- _____ Academic Training: date of completion of studies _____

Is the student traveling? Yes No If so, when? _____

Expected date of completion of studies: _____

DS-2019 printed by: _____

_____ DGA _____ EAC
 _____ MB _____ JM
 _____ CGP _____ AB

revised 6/24/08 AV