

J-1 STUDENT DS-2019 REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

STUDENT CATEGORIES USED IN THIS FORM:

Only degree-seeking students should use this form, including STUDENT BACHELORS, STUDENT MASTERS and STUDENT DOCTORATE. This form is NOT to be used by NON-DEGREE STUDENTS (contact jvisas@msu.edu for questions).

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- COPY OF PASSPORT (IDENTITY PAGE ONLY)
 - Please include passport copies for all dependents
- PROOF OF FUNDS
 - Please follow [Financial Documentation Requirements](#)

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. All MSU international students are automatically enrolled into the Blue Care Network health insurance. When students register for classes, the insurance premium costs are added to their Student Accounts along with their tuition bills. Students may qualify for a refund of the Blue Care Network premium if their own insurance policy meets both MSU waiver criteria and J visa requirements. For more information, please visit: [U.S. Health Care and Insurance](#).

APPLICATION INSTRUCTIONS:

Please submit your complete application with “**J-1 Student DS-2019 Request**” subject line by email to jvisas@msu.edu. Your application will be reviewed by OISS within **10-15 business days**. If you have questions about this process, please email jvisas@msu.edu.

PURPOSE OF THIS FORM (check the appropriate box):

- INITIAL DS-2019 REQUEST
 TRANSFER TO MSU FROM A U.S. INSTITUTION

Name of U.S. Institution Transferring From:	Transfer In Date
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Name must be exactly as it appears on the Passport

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___ (mm/dd/yyyy)	E-mail:
City of birth:		Country of birth:	
Country of Citizenship:		Country of legal permanent residence*:	
Last position in home country: <input type="checkbox"/> Student <input type="checkbox"/> Employee			
If student, specify: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		If employee, specify: Job title Employer (name of organization)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Children: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD COVERED BY THIS FORM:	Begin Date:	to End Date:
Major/field of study at MSU:		
PROGRAM LEVEL: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral		
SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT		
<input type="checkbox"/> MSU Department Funds: \$		
<input type="checkbox"/> Student's Government Funds: \$		
<input type="checkbox"/> Other Funds: \$		
Source of other funds (name of organization):		
<input type="checkbox"/> Personal/Family Funds: \$		

Family members who will accompany the student:

SPOUSE:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #1:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:

CHILD #2:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:

CHILD #3:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:

CHILD #4:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:

If you have more family members who will accompany you, please duplicate this page to add them.