



Office of Immigration
Meisler Hall 2200• 390 Student Center Circle
Mobile, AL 36688-0002
Phone: 251.460.6050
Email: immigration@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:

Table with 5 columns: Dependent Name, Country of Birth (month/day/year), Country of Citizenship, Relationship, Gender. Includes three rows of blank lines for data entry.

*Use back of page for additional dependents

Spouse email address: _____

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

Scholar Signature: _____ Date: _____