

Office of International and Off-Campus Programs and Summer School
The College of New Jersey

APPLICATION FOR A FORM DS-2019
Request for J-2 Dependents to J-1 Status

PART I: Personal Information

Name in passport: You must attach a photocopy of your passport's identification pages to this application.

Family (Surname) _____ First (given) _____ Middle _____

Foreign Address _____
Number and Street _____

City _____ State _____ Zip Code _____ Country _____

U.S. Address _____
Number and Street _____

City _____ State _____ Zip Code _____ Country _____

Date of Birth: Month _____ Day _____ Year _____ Country of Birth: _____

Gender: Male [] Female [] City of Birth: _____

Country of Citizenship _____ Country of Permanent Residence _____

Emergency Contact _____
Name _____ International Telephone # _____

Emergency Address _____
Number and Street _____

City _____ State _____ Zip Code _____ Country _____

E-mail: _____
Relationship _____

What level of Education will you be pursuing? _____

What is your Major field of study? _____

What is your Minor field of study? _____

Academic Level _____
(Bachelors/Masters)

Program Begin Date: _____ Program End Date: _____

Have you been notified of your admission to our school? Yes [] No []

Fax: 609-637-5128

Phone: 609-771-2576

iss@cnj.edu

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PART II: Present Immigration Status

Please check the following that indicates what your DS-2019 is for:

- Applying for a different status/change of status _____
- Changing educational level/ major at TCNJ _____
- Change of Financial Status _____
- Adding J-2 Dependent(s) - complete the "J-2 Dependent Information" below _____
- Another status. Please specify _____

What is your SEVIS ID Number? _____

J-2 Dependent Information:

Name (family, first) Date of birth Country of birth Relationship
Telephone _____ Email _____

Name (family, first) Date of birth Country of birth Relationship
Telephone _____ Email _____

PART III: How you will receive your I-20

Your Form I-20 will be sent standard air-mail to the name and address you indicate in the address box. *If you need express delivery service*, you should request someone in the U.S. to pick it up and send it to you. If that isn't possible, please contact our office. PRINT YOUR NAME AND ADDRESS IN ENGLISH, EXACTLY AS IT SHOULD APPEAR ON THE ENVELOPE.

Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State, Zip Code: _____

Fax: 609-637-5128

Phone: 609-771-2576

iss@tcnj.edu

Signature of Student

Date