## INTERN BIOGRAPHICAL DATA FORM

Purpose of th	is DS-2019 (check	one):					
<ul><li>[ ] Transfer o</li><li>[ ] Extension</li><li>[ ] Separate e</li></ul>	y program, or chan of J-1 to Cal State L. of stay to continue entry of ost DS-2019 form (s	A. from another an ongoing pro- family member	r U.S. in ogram r(s) <b>(sig</b> :	stitution (attac	ch a copy of	•	and DS-2019)
<b>Personal Info</b> Name (as it ap	rmation: opears in the passp	ort):					
Family/Last			First			Middle	
City of Birth:			Country of Birth:				
Country of Ci	tizenship:		Country of Permanent Residence:				
Date of Birth:	(MM/DD/YYYY		ale [ ]	Female	[ ] Ma	rried [ ] Sinş	gle
Name of hom	e institution:						
Field of study	at home institution	n:					
Current degre	ee level at home ins	stitution:	[ ] Bao	chelor []]	Master	[ ] Doctoral	
Permanent Ac	ldress (Abroad): _						
Email Addres	s:			_			
	ently inside the U.S				ach a copy o	of your I-94 recor	·d
,	ram (MM/DD/YY)		[ ]110	11 900 7 4444	1.	- y o <b>u</b> n	-
• •	If any of your fami		ouse an	———— d/or children)	to will be acco	mpanying you	to the USA.
-	e the following info			-		1 , 0,	
	olding a U.S. passp					-	
age or younge	er) will obtain the J	-2 visa status.					
Relationship	Family Name	First Name	Gend er	Date of Birth (MM/DD/ YYYY)	City of Birth	Country of Birth	Country of Citizenship
Spouse							
Child 1							
Child 2							

**Financial support for the entire period covered by this form (in U.S. dollars):** The International Office is required to document proof of financial responsibility for J-1 Interns. You must show a minimum of \$1500 per month for the intern, \$400 per month for the accompanying spouse, and \$250 per month for each child. You must submit one or more of the following documents as proof of support:

- An appointment/award letter from Cal State L.A., a government agency, international
  organization, or other sponsor, specifying the length of the sponsorship and the amount of
  money provided.
- b. An official bank statement in your or your sponsor's name and a letter from personal sponsors, specifying the length of the sponsorship and amount of money provided. The personal sponsor must complete and sign the "Financial Sponsor Information" section.

**Financial Sponsor Information:** By signing below, the sponsor certifies that sufficient financial resources will be available to cover the Intern's expenses for the duration of his/her program at Cal State L.A. Attach copies of the bank statement.

Sponsor's Name (print)	Relationship to Applicant	Sponsor's Signature/Date
Address of sponsor City/S	itate Country	Amount of sponsorship (US Dollars)

J-1 Interns to the United States are required to maintain medical insurance.

I certify that all the information I have provided in this document and any attachments is true and correct.	I have attached
a copy of my current, valid passport and any prior DS-2019 forms I have been issued.	

Signature: _	_ Date:	
-	-	