

DS-2019 Application Form

⇒ <u>Personal Information</u>		
Last/Family Name		
First/Given Name(s)		
City of Birth		
Country of Birth		
County of Citizenship		
Country of Legal Permanent Residence		
Date of Birth (MM/DD/YYYY)		
	indicate the type of school or program: College/University Graduate	
 		
\Rightarrow Are you currently in the U.S. (pleas	e check one):	
☐ No ☐ Yes, until _		
If yes, what is your current nonimmi	grant status?(F-1 student. B-2 Tourist. I-1 Student. etc.)	



Estimated expenses for 2020-2021

Type of Expense	Cost
Tuition and Fees	\$42,634
Living Expenses	\$21,486
Total Estimated Expenses for one academic year	\$64,290

If you were admitted to a 2-year program, you will need to show funding for the entire program of study.

All amounts above are estimates only and may vary according to your program and standard of living. Tuition may change each Academic Year. If you are enrolled in an advance entry program, your tuition may be different than the amount listed in the chart above. If you will bring dependents with you, please contact isss@middlebury.edu for funding estimates.

> Applicant Verification:	
I certify that all statements on this form are true and ac specified.	ccurate and that all supporting documents will be provided a
Signature of Applicant	Date



Spouse

Dependents: List all the dependents who will be accompanying you to the U.S. Each of your dependents will be issued his/her own DS-2019 for the visa application. Your dependent is considered your spouse as well as any children under the age of 21. If you have more than 2 children accompanying you, please print out additional copies of this sheet and attach to application.

Last/Family Name	
First/Given name(s)	
Date of Birth (MM/DD/YYYY)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Email Address	
Child #1	
Last/Family Name	
First/Given name(s)	
Date of Birth (MM/DD/YYYY)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Email Address (optional)	



Child #2

Cilia #2	
Last/Family Name	
First/Given name(s)	
Date of Birth (MM/DD/YYYY)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Email Address (optional)	