Overview

The Reprint functionality will enable participants to request a reprint of their DS-2019 form from Beacon when they are in-country on program. After CIEE staff review the request and process it, participants will receive an email and have the ability to re-download their form.

Who Can Use It?

Any participant whose SEVIS status is Active, and DS end date is in the future.

How to Use it?

Participants can sign into Beacon and click the panel that says "Require a new DS-2019 form?"



This will take them to their DS-2019 Form page and to the button that says "Request DS-2019 Form Reprint":



Clicking this button will open a pop-up that allows them to choose a reason for requesting the reprint:

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S-2019 Fori	Plea If yo <mark>268</mark> -	se select your reason for requesting a reprint of your DS-2019 Form. u are trying to request a travel validation of your form, you must call CIEE at <mark>1-888- 6245</mark>	
	0	Damaged	
	$^{\circ}$	Lost	
me Travel	0	Stolen	
rm, you or y	our in	Close Request	eceipt (I-901 for

Choosing a reason will enable the Request button:

ONOF	Re	quest A DS-2019 Form Reprint	
9 For	Plea If yo	ase select your reason for requesting a reprint of your DS-2019 Form. Ou are trying to request a travel validation of your form, you must call CIEE at 1-888-	
	208	Damaged	
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ravel	0	Stolen	
		Cancel	
ou or y ative w	ill nee	iternational representative will also be required to download and print your SEVIS Fee Rec ad to visit this <u>site</u> and provide your SEVIS ID (DS-2019 number beginning with the letter 'N	teipt (l'), Las

After requesting the Reprint, the pop-up will minimize, and the page will display the date/time the request was made:

Your I-901 (SEVI	S Fee Receipt)
In addition to yo you or your inte international re	our DS-2019 Form, you or your international representative will also be required to download and print your SEVIS Fee Receipt (I-901 form). To download this form, rnational representative will need to visit this <u>site</u> and provide your SEVIS ID (DS-2019 number beginning with the letter 'N'). Last Name, and Date of Birth. Your presentative may be in touch with additional directions.
I u	nderstand that after I download my DS-2019 Form, I must also download and bring the I-901 (SEVIS Fee Receipt) form to my embassy appointment. *
	Request DS-2019 Form Reprint
	Reprint requested at 1:05 PM UTC on 11/02/2023
	CIEE is reviewing your reprint request, you'll receive an email when a new form is ready

When a participant submits a reprint request, a DS-2019 Reprint request will populate for CIEE. CIEE will review, make the request, and SEVIS will send back a new "Reprint" form.

Once a DS-2019 Reprint has been marked by CIEE as processed, participants will receive an email in their inbox prompting them to login to Beacon to download their newly available form:



Hello Mighty,

Your DS-2019 reprint request has been processed successfully. Click <u>HERE</u> to access Beacon and select the DS-2019 button at the top of your application to download a new copy.

Please note this button will be active for a specified period of time. After 7 days it will be removed, and you will need to submit another request to receive a new copy.

Please contact CIEE at (888) 268 6245 or contact@ciee.org with any questions.

Best,

CIEE

Participants can sign back into Beacon, navigate to their DS-2019 Form page, and click the "Download DS-2019 Form" button. This will generate a new PDF form.

The "Purpose of this form" field will be updated to display "Replace a DS-2019 form ([whatever the participant chose on the pop-up – lost, damaged or stolen]):

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₩3₩KA	CERTIFICATE OF EI	IGIBILITY FOR	EACHANGE	ISITOR STATU:	s (J-NONIMMIG	KANT)	*See Page 2
 Surname/Primary Name: Maisel 		Ethan				MALE	N0000723797
Date of Birth(mm-dd-yyyy): 02-03-1998	City of Birth: london	Country of Birth: UNITED	KINGDOM	Citizenship Country Code UK	Citizenship Country: UNITED KINGE	OM	J-1
Legal Permanent Residence	Country Code: Legal Permanent	Residence Country:	Position Co	de: Position:		TIDENTO	
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rinnary site of Activity.	600 SOUTHBOROUGH	DR					
	SOUTH PORTLAND, M	8 04106-6915					
2. Program Sponsor: CIE	E				Program Number	P-3-22836	
Participating Program Offic INTERN	ial Description:						
Purpose of this form: Rer	place a DS-2019 for	n (Lost)					1

Note: The participant has 7 days to download their form from the time CIEE processes their request. After the 7 days has expired, they will have to request a new Reprint. This will re-start the loop including updating the panel on the participant login screen, as well as the pop-up where participant must describe why they are requesting another reprint.