

F-2/J-2 Dependent Request Form

The spouse and/or children (unmarried and under the age of 21) of F-1 and J-1 students are eligible to accompany the student to the United States in F-2 or J-2 dependent status. To request an F-2 Form I-20 or J-2 Form DS-2019 to bring a dependent, the F-1 or J-1 student must submit this completed form, a copy of each dependent's passport, and financial supporting documentation. All responses must be **TYPED**.

STUDENT INFORMATION

Student Name		Status	<input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Student
Email Address		Date of Birth (mm/dd/yyyy)	
Please Select the Option that Best Describes You	<input type="checkbox"/> I am a newly admitted student. I am applying for the dependent immigration document(s) in conjunction with my application for my Form I-20 or Form DS-2019. I will upload this Form and the supporting documents to the International Student Portal. <input type="checkbox"/> I am an active student attending classes. I will email this form and the supporting documents directly to my International Student Advisor . <input type="checkbox"/> I am a recently graduated student with post-completion work authorization. I will email this form and the supporting documents directly to my International Student Advisor .		

DEPENDENT INFORMATION

List all dependents (husband, wife, unmarried children under the age of 21) that will come to stay with you in F-2 or J-2 status. Attach additional pages, if necessary.

Dependent 1			
Family Name(s)		Given Name(s)	
Date of Birth (mm/dd/yyyy)		Gender	Male Female
City of Birth		Country of Birth	
Country of Citizenship		Country of Legal Permanent Residence	
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email Address	
Dependent Status	<input type="checkbox"/> F-2 dependent <input type="checkbox"/> J-2 dependent. By submitting this request, as the J-1 primary status holder, I agree to obtain health insurance meeting the J requirements for my dependents throughout the time that they are in the U.S. in J-2 status.		
Anticipated Arrival Date in U.S.	<input type="checkbox"/> Dependent will arrive in the U.S. with the student. <input type="checkbox"/> Dependent will arrive in the U.S. after the student and is expected in Month _____ Year _____	Anticipated Permanent Departure Date from U.S.	<input type="checkbox"/> Dependent will depart the U.S. at the same time as the student. <input type="checkbox"/> Dependent will depart the U.S. before the student completes his/her academic program.
Dependent 2			
Family Name(s)		Given Name(s)	
Date of Birth (mm/dd/yyyy)		Gender	Male Female
City of Birth		Country of Birth	
Country of Citizenship		Country of Legal Permanent Residence	
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email Address	
Dependent Status	<input type="checkbox"/> F-2 dependent <input type="checkbox"/> J-2 dependent. By submitting this request, as the J-1 primary status holder, I agree to obtain health insurance meeting the J requirements for my dependents throughout the time that they are in the U.S. in J-2 status.		
Anticipated Arrival Date in U.S.	<input type="checkbox"/> Dependent will arrive in the U.S. with the student. <input type="checkbox"/> Dependent will arrive in the U.S. after the student and is expected in Month _____ Year _____	Anticipated Permanent Departure Date from U.S.	<input type="checkbox"/> Dependent will depart the U.S. at the same time as the student. <input type="checkbox"/> Dependent will depart the U.S. before the student completes his/her academic program.

As the F-1/J-1 primary status holder I agree to notify my international student advisor if my dependent(s) permanently depart the United States or change to a different immigration status prior to the end of my program or post-completion training.