



DEPENDENT INFORMATION

To be completed only if dependents will be accompanying you to the United States. Your dependents will need to apply for J-2 visa.

Please complete this form and return it with a photocopy of the biographic page of each dependent. Additional funds that you are required to show in order to support dependents in the United States: U.S. \$9,000 for spouse and U.S. \$4,500 per child per academic year.

YOUR LEGAL NAME: LAST (FAMILY) _____ FIRST _____ MIDDLE _____

I plan to bring the following dependents with me to the United States on J-2 visa. I understand that I will need to have additional financial resources to cover their living costs, and have included that in my financial documentation. I also understand that I must purchase appropriate medical insurance for them for the entire duration of their status.

Your Signature: _____ Date: _____

DEPENDENT'S LEGAL NAME (as it appears on the passport):

LAST (FAMILY) _____ FIRST _____ MIDDLE _____

SEX/GENDER ON THE DEPENDENT'S PASSPORT: [] MALE [] FEMALE [] OTHER/UNKNOWN

DATE OF BIRTH: Month ____ Day ____ Year ____ PLACE OF BIRTH: CITY _____ COUNTRY _____

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF LEGAL RESIDENCE: _____

DEPENDENT'S EMAIL ADDRESS (required if the dependent is 14 years or older): _____

RELATIONSHIP TO YOU: [] SPOUSE [] CHILD

DEPENDENT'S LEGAL NAME (as it appears on the passport):

LAST (FAMILY) _____ FIRST _____ MIDDLE _____

SEX/GENDER ON THE DEPENDENT'S PASSPORT: [] MALE [] FEMALE [] OTHER/UNKNOWN

DATE OF BIRTH: Month ____ Day ____ Year ____ PLACE OF BIRTH: CITY _____ COUNTRY _____

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF LEGAL RESIDENCE: _____

DEPENDENT'S EMAIL ADDRESS (required if the dependent is 14 years or older): _____

RELATIONSHIP TO YOU: [] SPOUSE [] CHILD

DEPENDENT'S LEGAL NAME (as it appears on the passport):

LAST (FAMILY) _____ FIRST _____ MIDDLE _____

SEX/GENDER ON THE DEPENDENT'S PASSPORT: [] MALE [] FEMALE [] OTHER/UNKNOWN

DATE OF BIRTH: Month ____ Day ____ Year ____ PLACE OF BIRTH: CITY _____ COUNTRY _____

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF LEGAL RESIDENCE: _____

DEPENDENT'S EMAIL ADDRESS (required if the dependent is 14 years or older): _____

RELATIONSHIP TO YOU: [] SPOUSE [] CHILD