

J-1 STUDENT DS-2019 DEPENDENT REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

- ✓ Initial review time for J-2 Dependent requests is 10-15 business days.
- ✓ This form MUST be received a minimum of 8 weeks prior the anticipated arrival date of the dependent(s).

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- PASSPORT IDENTITY PAGES FOR ALL DEPENDENTS
- PROOF OF FUNDS

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the 'Certification by Translator' found below.

The following example must be reproduced on a separate document:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and _____ languages, and that the above/attached document is an accurate translation of the document attached entitled _____.

Signature _____

Date _____

Typed Name _____

Address _____

FUNDING REQUIREMENTS FOR DEPENDENTS:

Spouse (wife/husband)	\$5,000 per year
Each Child under 21	\$3,000 per year (per child)

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. It is a student's responsibility to make sure that all dependent family members have sufficient health insurance. Minimum health insurance requirements for J-1 and J-2 visa holders are as follows:

- * \$100,000 per accident/illness
- * \$25,000 for repatriation
- * \$50,000 for medical evacuation
- * Maximum \$500 deductible

THIS SECTION TO BE COMPLETED BY THE STUDENT:

J-1 Student Information - Name must be exactly as it appears on the Passport

Surname:		Given Name(s):	
PID #: A		SEVIS ID #: N	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____ (mm/dd/yyyy)	
U.S. Residential Address:		E-mail:	

Family members who will accompany the visitor:

SPOUSE:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #1:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #2:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

CHILD #3:

Surname:		Given Name(s):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____	
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

If you have more family members who will accompany you, please add their information on p. 3

**If country of Legal Permanent Residence is different from country of citizenship, please provide proof*

ADDITIONAL DEPENDENT(S) INFORMATION:**CHILD #4:**

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #5:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

**If country of Legal Permanent Residence is different from country of citizenship, please provide proof*

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT:

<input type="checkbox"/> MSU Department Funds: \$ Health insurance provided by Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student's Government Funds: \$
<input type="checkbox"/> Other Funds: \$ Source of other funds:
<input type="checkbox"/> Personal/Family Funds: \$

Person to contact when DS-2019 is ready: Name: E-mail: Phone:	Please submit this request to OISS in a manila envelope, with the label of "J-2 Request" OR by email to jvisas@msu.edu . Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824 If you have additional questions about this process please email: jvisas@msu.edu .
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IMPORTANT NOTE: If your dependent(s) permanently leave the U.S. and end their J-2 status prior to your departure, they MUST submit J-2 Notice of Departure form to OISS.