

# J-1 SCHOLAR 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.**

## SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- PASSPORT IDENTITY PAGE ONLY – PLEASE INCLUDE 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 (for each child)	\$3,000 x # of children

## INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. It is the scholar'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 sickness/illness
- \* \$100,000 per accident/injury
- \* \$50,000 for medical evacuation
- \* \$25,000 for repatriation
- \* Maximum \$500 deductible

**THIS SECTION TO BE COMPLETED BY THE SCHOLAR:**

**J-1 Scholar Information (Name must be exactly as it appears on the passport):**

SEVIS ID #: N		ZPID: Z
Surname:	Given Name(s):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___	
Country of Citizenship:	Country of legal permanent residence:	
U.S. Residential Address:	E-mail:	

**SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT:**

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

<p><b>Person to contact when DS-2019 is ready:</b></p> <p><b>Name:</b></p> <p><b>E-mail:</b></p> <p><b>Phone:</b></p> <p><b>Preferred contact method:</b></p> <p><input type="checkbox"/> E-mail <input type="checkbox"/> Phone</p>	<p>Please submit this request to OISS in a manila envelope, with the label of "<b>J-1 Request</b>" OR by email to <a href="mailto:jvisas@msu.edu">jvisas@msu.edu</a>.</p> <p>Office for International Students &amp; Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824</p> <p>If you have additional questions about this process please email: <a href="mailto:jvisas@msu.edu">jvisas@msu.edu</a>.</p>
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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.**

**FAMILY MEMBERS WHO WILL ACCOMPANY THE SCHOLAR:****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:			

**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:			

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