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:

Please Review Funding Requirements for Dependents Here: **Funding**

(Be sure to scroll down to dependents to review the most recent dependent funding requirements)

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
☐ Male ☐ 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):
☐ Male ☐ 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):
☐ Male ☐ 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):
☐ Male ☐ 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):
☐ Male ☐ 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):
☐ Male ☐ 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):
☐ Male ☐ 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 REQESTED VISIT:

☐ **MSU Department Funds**: $ Health insurance provided by Department? ☐ Yes ☐ No
☐ **Student's Government Funds**: $
☐ **Other Funds**: $ Source of other funds:
☐ **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.

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.