Dependent F-2 I-20 or J-2 DS2019 Request Form (Please Print Clearly)

Your Name: ________________________________________________________________________________ Today’s Date: _____________________________
Surname/Primary Name Given Name UofL ID Number: ___________________________

Your Visa Type:  □ F1  □ J1  Phone Number: ______________________________ Email Address: ______________________________________________

A dependent for immigration purposes is either a spouse of the F1 or J1 Visa holder or their child under the age of 21 years old. Other relatives must apply for another visa other than an F-2 or J-2 to visit the United States.

The additional amount needed for dependents is $7,500 for each dependent per year. If your current financial funding source indicated on your I-20 or DS2019 does not meet this additional amount, you should submit a new bank statement with this form. In addition, J-2 dependents will need to submit proof of purchase of the required Department of State’s insurance coverage upon their arrival on campus.

PLEASE NOTE: All information provided MUST be reported exactly as it appears on their passport.

1) Name: __________________________________________________________________________________________________________________________________________
Surname/Primary Name Given Name
Relationship:  □ Spouse  □ Daughter  □ Son
Date of Birth: Month: _______________ Day: _____________ Year: _______________
City of Birth: ___________________________________________ Country of Birth: ___________________________
Citizenship Country: ___________________________________________ Country of Legal Permanent Residence _________________________________________
Dependent’s Email Address: _______________________________________________________________________________________________________________________

2) Name: __________________________________________________________________________________________________________________________________________
Surname/Primary Name Given Name
Relationship:  □ Spouse  □ Daughter  □ Son
Date of Birth: Month: _______________ Day: _____________ Year: _______________
City of Birth: ___________________________________________ Country of Birth: ___________________________
Citizenship Country: ___________________________________________ Country of Legal Permanent Residence _________________________________________
Dependent’s Email Address: _______________________________________________________________________________________________________________________

3) Name: __________________________________________________________________________________________________________________________________________
Surname/Primary Name Given Name
Relationship:  □ Spouse  □ Daughter  □ Son
Date of Birth: Month: _______________ Day: _____________ Year: _______________
City of Birth: ___________________________________________ Country of Birth: ___________________________
Citizenship Country: ___________________________________________ Country of Legal Permanent Residence _________________________________________
Dependent’s Email Address: _______________________________________________________________________________________________________________________

Please allow 5 working days for preparation of the I20 or DS2019 Form. You may call 852-6604, if you have any questions.

You will be contacted by email when the document(s) are ready to be picked up.

Please indicate which campus you wish to pick them up:

___ Belknap Campus, the International Center, Jouett Hall

___ HSC Instructional Building, Room 218