

**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 \$2,500 for each dependent for the F1 or \$5,000 for the J1. 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 to cover the dependent cost of living. In addition, J2 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.

F2 dependent

J2 dependent

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**