

REQUEST TO ADD F-2 DEPENDENT

IMPORTANT

- Dependents may stay in the United States as long as the F-1 visa holder remains in lawful status.
- Dependents may study **part-time** in any certified program at an SEVP-certified school at the postsecondary level, as long as it does not amount to what regulations define as full time for an F-1 student.
- F-2 dependents who wish to study **full-time** at an SEVP-certified school at the postsecondary level should apply to change status to F-1.
- F-2 minors must still comply with compulsory education requirements in attending kindergarten through 12th grade.
- When a minor CHILD turns 21 or gets married before 21, they are no longer allowed to remain an F-2 dependent.
- **You MUST ADD health insurance for your dependent with Anthem Student Health: 1-833-332-0798.**

REQUIRED DOCUMENTS

1. Completed/signed request form
2. Passport info page(s) for each dependent(s)
3. Proof of funds (bank statements, financial guarantee, sponsorship/scholarship letter) to cover your dependent(s) for one year. **MUST SHOW \$5,140 PER DEPENDENT.** The proof of funds should be less than 6 months old.
 - a. If the financial documents are not in your name, you must submit a valid Affidavit of Support found here: <https://www.umkc.edu/isao/docs/affidavit-of-support.pdf>
4. If adding child dependent: must submit a **copy of their official birth certificate with English translation**
5. If adding spouse dependent: must submit a **copy of your official marriage certificate with English translation**

DEPENDENT INFORMATION: All fields are required

| | | | |
|--|--|--|--|
| 1. | _____ | _____ | _____ |
| | (FAMILY NAME) | (FIRST NAME) | GENDER |
| DATE OF BIRTH: (MONTH / DAY / YEAR) | PLACE OF BIRTH (CITY, COUNTRY) | RELATIONSHIP (SPOUSE OR CHILD?) | |
| ADDRESS IN HOME COUNTRY: _____ | | | |
| | # AND STREET NAME | CITY | COUNTRY POSTCODE |
| • Is the above dependent already in the U.S.? | If so, when did they arrive and on what visa type? _____ | | |
| • Will dependent apply to enroll in classes at UMKC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Will dependent be sponsored by: | <input type="checkbox"/> Family/dept./self | <input type="checkbox"/> Embassy of Kuwait | <input type="checkbox"/> SACM <input type="checkbox"/> Embassy of Oman |

| | | | |
|--|--|--|--|
| 2. | _____ | _____ | _____ |
| | (FAMILY NAME) | (FIRST NAME) | GENDER |
| DATE OF BIRTH: (MONTH / DAY / YEAR) | PLACE OF BIRTH (CITY, COUNTRY) | RELATIONSHIP (SPOUSE OR CHILD?) | |
| ADDRESS IN HOME COUNTRY: _____ | | | |
| | # AND STREET NAME | CITY | COUNTRY POSTCODE |
| • Is the above dependent already in the U.S.? | If so, when did they arrive and on what visa type? _____ | | |
| • Will dependent apply to enroll in classes at UMKC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Will dependent be sponsored by: | <input type="checkbox"/> Family/dept./self | <input type="checkbox"/> Embassy of Kuwait | <input type="checkbox"/> SACM <input type="checkbox"/> Embassy of Oman |

- ✓ *I certify that I understand the rules and regulations of my dependent visa(s) and that they will be covered by adequate health insurance for the entire duration of their stay.*
- ✓ *I certify that I have the funds to support my dependent(s) during their stay in the U.S.*
- ✓ *I also certify that the information provided on this request form is accurate to the best of my knowledge.*

F-1 STUDENT NAME

SIGNATURE

UMKC STUDENT ID#

YOUR CURRENT U.S. ADDRESS: _____ TODAY'S DATE: _____