

# REQUEST TO ADD J-2 DEPENDENT FOR J-1 RESEARCH SCHOLAR or PROFESSOR

## REQUIRED DOCUMENTS

1. Completed/signed Request form
2. Proof of additional funds to support dependent(s): official bank statements, sponsorship letters, scholarship letters, etc.
3. Required documents for spouse: copy of passport and marriage license/proof of marriage
4. Required documents for each child: copy of passport and birth certificate

## PROOF OF ADDITIONAL FUNDS - \$5,900 for spouse and \$5,900 for each child.

- Host Department or Unit \$ \_\_\_\_\_
- U.S. Government agency, provided specifically for international educational or cultural exchange. \$ \_\_\_\_\_
- Exchange visitor's home Government with funds contributed directly to the exchange visitor for use in connection with participation in an Exchange Visitor's Program \$ \_\_\_\_\_
- International organization(s), provided specifically for international exchanges. International organizations also include the United Nations. Organization title: \_\_\_\_\_ \$ \_\_\_\_\_
- Any other organization providing support: \_\_\_\_\_ \$ \_\_\_\_\_
- Personal / Family funds \$ \_\_\_\_\_

## ACCOMPANYING DEPENDENTS: CHILDREN MUST BE UNDER 21

1. \_\_\_\_\_  
(Family Name) (First name) Gender

Date of Birth: (Month / Day / Year) Place of Birth (City, Country)

Country of Citizenship Country of Legal Permanent Residence Relationship (Spouse/Child)

2. \_\_\_\_\_  
(Family Name) (First name) Gender

Date of Birth: (Month / Day / Year) Place of Birth (City, Country)

Country of Citizenship Country of Legal Permanent Residence Relationship (Spouse/Child)

3. \_\_\_\_\_  
(Family Name) (First name) Gender

Date of Birth: (Month / Day / Year) Place of Birth (City, Country)

Country of Citizenship Country of Legal Permanent Residence Relationship (Spouse/Child)

✓ I certify that I have health insurance that meets the specific requirements outlined by the Department of State and that I will purchase health insurance for my dependent(s) that also meets requirements.

✓ I certify that the information provided on this request form is accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Exchange Visitor Signature Phone Number or Email