

REQUEST TO ADD J-2 DEPENDENT

IMPORTANT

- Dependents may stay in the United States as long as the J-1 visa holder remains in lawful status.
- Dependents may now 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 a J-1 student.
- J-2 minors must still comply with compulsory education requirements in attending kindergarten through 12th grade.
- J-2 dependents who wish to study full-time at an SEVP-certified school at the postsecondary level should apply for change of status to J-1
- When a minor CHILD turns 21 or gets married before 21, they are no longer allowed to remain a J-2 dependent.
- **You will need to ADD health insurance for your dependent with Aetna Student Health: 877-375-7905**

REQUIRED DOCUMENTS

1. Completed/signed Request form
2. Proof of funds (bank statements, financial guarantee, sponsorship/scholarship letter) to cover you and your dependent(s) for one year. **MUST SHOW ADDITIONAL \$5,670 PER DEPENDENT** on top of yearly tuition and fees.
3. Passport info page(s) for each dependent(s)
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**

Term	TOTAL AMOUNT OF FUNDING YOU MUST SHOW
UNDERGRADUATE	\$36,234 + \$5,670 for EACH dependent
GRADUATE (MS & IPHD)	\$34,963 + \$5,670 for EACH dependent
ESL	\$36,234 + \$5,670 for EACH dependent

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? _____

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? _____

- ✓ 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.

J-1 STUDENT NAME SIGNATURE UMKC STUDENT ID#