



Dependent DS-2019 Request Form

To request a DS-2019 for a dependent spouse and/or child, you must submit this completed *Dependent Request Form* along with the *J-1 Financial Worksheet* and proof of financial support equivalent to the estimated expenses for the duration of your program for you and your dependent(s) as calculated on the *J-1 Financial Worksheet*. Acceptable financial documentation includes: current personal/family bank statement or available balance page of your online account information; assistantship letter, scholarship letter, or fellowship letter; a notarized letter from a sponsor (relative or third party) and sponsor's financial bank statement. Please print an additional sheet if you will be requesting more than three dependent DS-2019's. Please note that in requesting to bring a dependent and with his/her receipt of the J-2 visa, you are agreeing to the condition of having each dependent's status linked to yours and maintaining health insurance that meets Department of State minimums for you and your dependents for the duration of your program of study.

Primary J-1 Student's Information

Full Name on Passport			
		Last	First Middle
SEVIS #	N	SU ID#	Birth Date (mm/dd/yyyy)
I-20 Start Date		Email Address:	Phone () -
I-20 End Date			
US Address			

Dependent(s) Information

Full Name on Passport			
		Last	First Middle
Date of Birth	/ /	City of Birth	Country of Birth
	Month / Day / Year		
Country of Citizenship		Country of Legal Permanent Residence	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email
			Please indicate anticipated date of travel: / / Month /day/ year

Full Name on Passport			
		Last	First Middle
Date of Birth	/ /	City of Birth	Country of Birth
	Month / Day / Year		
Country of Citizenship		Country of Legal Permanent Residence	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email
			Please indicate anticipated date of travel: / / Month /day/ year

Full Name on Passport			
		Last	First Middle
Date of Birth	/ /	City of Birth	Country of Birth
	Month / Day / Year		
Country of Citizenship		Country of Legal Permanent Residence	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email
			Please indicate anticipated date of travel: / / Month /day/ year

Return to the Office of International Education (110 Bray Hall) or scan & email to OIE@esf.edu.

Office of International Education Use Only:

Form Received On: _____

DS-2019 Issued On: _____

Adequate Financial Support : Yes No

Dependent Children Under 21 : Yes No