

J-2 Dependent Application Checklist

ATTACH AS COVER PAGE TO COMPLETED APPLICATION

This J-2 Dependent Application packet includes the following:

- Completed J-2 Dependent(s) Application
- Copy of dependent's passport identification pages; valid 6 months beyond primary J-1's DS-2019 and Program End Date
- "Financial Support Documentation" information and supporting documentation proof to cover dependent expenses.

Additional Comments:

Completed application declaration:

I confirm that this J-1 application is complete and accurate to the best of my knowledge. I understand that the DS-2019 immigration document request cannot be processed until all documentation is completed and received by International Scholar and Faculty Services.

Signature

Printed Name

Date

International Scholar & Faculty Services use only

Completed Application Passport Funding

Date Completed: _____

Date Due: _____

Database: _____/_____

SEVIS: _____/_____

Email Scholar, cc: Department: _____/_____

Documents Sent: _____/_____

J-2 Dependent(s) Application

International Scholars should complete this application if bringing dependent

J-2 Dependent Visa: Only the J-1 scholar's *spouse and children (under the age of 21)* may come to the United States as J-2 dependents. The J-2 dependents will be able to stay in the US as long as the J-1 scholar remains in the US and maintains status.

If the family member is not eligible for a J-2 visa, a tourist visa for up to 6 months may be an alternative option; for more information visit the website for the US Consulate where the family member(s) will apply for a US visa: <http://usembassy.state.gov/>.

Evidence of Finances

Scholars must have sufficient finances to support themselves and any dependents for their entire stay in the United States. Funding must cover the costs of the program, fees, housing and living expenses, and mandatory health insurance coverage.

The amount of funding that is considered sufficient for support at Oregon State is:

- \$1,250 / month Scholar
- \$1,700 / month Scholar + 1 dependent
- + \$420 / month for each additional dependent

Scholars must submit documentation of all non OSU funding which will be used to support dependents. This may be:

- 1) a recent statement from a bank showing available funds, or,
- 2) a contract or an award letter from a sponsoring institution/government indicating the dates that the scholar's expenses will be covered and amount of funding.
 - The document(s) must be in English, or accompanied by an English translation
 - Copies or faxes of the documents are acceptable for OSU (originals required for US Visa processing)

Funding Information

Will you receive any funding from sources other than OSU? Yes No

If yes, please provide information on the sources of funding. Include personal funding here.

Source 1: _____

Purpose of funding: _____

Amount of funding \$ _____ per Month Year Entire Program

Source 2: _____

Purpose of funding: _____

Amount of funding \$ _____ per Month Year Entire Program

Evidence of funding is required for all sources of outside funding listed here. Your application will not be accepted without supporting evidence.

Health Insurance

The Department of State (DOS) requires that ALL J-1 Exchange Visitors have medical insurance in effect for themselves and any dependents in J-visa status for the duration of the J-1 program. Insurance information is available on the ISFS website: <http://international.oregonstate.edu/isfs/international-scholars/j-1-exchange-visitors/health-insurance-and-care>

J-2 Dependent Benefits

More resources and information for families can be found here: <http://international.oregonstate.edu/isfs/international-scholars/families-and-dependents>

All personal information must match the dependents' passports

J-1 Exchange Visitor

Family Name: _____

Given Name: _____

Spouse

Family Name: _____

Given Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residency: _____

Male___ Female___

Child 1

Family Name: _____

Given Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residency: _____

Male___ Female___

Child 2

Family Name: _____

Given Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residency: _____

Male___ Female___

Child 3

Family Name: _____

Given Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residency: _____

Male___ Female___

Child 3

Family Name: _____

Given Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residency: _____

Male___ Female___

Child 4

Family Name: _____

Given Name: _____

Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residency: _____

Male___ Female___