

**Instructions**

Use this application to obtain a DS-2019 form to bring your **spouse and/or dependent children** to the US. **Parents or other relatives are NOT eligible.** ISSS will issue an DS-2019 for a fiancé(e), but keep in mind that in order to obtain a dependent J-2 visa, your spouse will need to demonstrate proof of the marriage during the visa interview. Dependent children must be unmarried and under 21 years of age.

You must demonstrate the ability to support your dependents by providing **proof of additional funding (\$6,000 for a spouse and \$4,000 for each child) in addition** to the funds used to cover your tuition, fees, and living expenses. This amount must be shown regardless of the length of time your dependent(s) will stay in the US.

**Required Documentation**

- A copy of your proof of funding, such as a recent official bank statement; a letter (on bank letterhead with the bank officer's signature, seal or stamp) confirming your funds; or a University of Pennsylvania letter of funding. See the section below for acceptable sources of funding. Multiple funding sources are permitted.
- A copy of your most recent I-94 card.
- Copies of the passport identification page for each dependent, where available.

**What Funding Sources are Acceptable?**

**Acceptable**

- Liquid assets (generally checking or savings accounts)
- Scholarships, grants or fellowships from Penn or a non-Penn source

**Not Acceptable**

- Non-liquid assets (stocks or mutual funds)
- Assessments of the value of real estate or other property
- A letter stating the salary of a parent or other sponsor

**Health Insurance Requirement for J-1 Students and Scholars**

The Department of State regulations governing the J-1 Exchange Visitor Program require that **all J-1 exchange visitors and their J-2 dependents must have health insurance coverage that meets the requirements of the J-1 program.** It is **your** responsibility to monitor that you and your dependents have such insurance while living with you in the US; failure to comply with this regulation could result in the loss of your J-1 status.

**Student/Scholar Information**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

J-1 Scholar SEVIS ID Number: \_\_\_\_\_

Gender: [ ] Male [ ] Female Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Certification**

*I have read all of the information on this application form for bringing dependents to the US. I certify that the information I have provided is true and correct and that I have the means to support and will ensure proper medical insurance coverage for the noted individuals.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please continue to the next page to complete the Dependent Information Sheet)**

# Request for J-2 Dependent DS-2019 (continued)

Please write your dependents' names exactly as they are written in their passports, clearly indicating any spaces or dashes. Your dependents should follow the same format when they complete their visa applications and I-94 cards. You may attach additional sheets if necessary.

## Dependent Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: [ ] Male [ ] Female Relationship: [ ] Spouse [ ] Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

## Dependent Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: [ ] Male [ ] Female Relationship: [ ] Spouse [ ] Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

## Dependent Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: [ ] Male [ ] Female Relationship: [ ] Spouse [ ] Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

## Dependent Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: [ ] Male [ ] Female Relationship: [ ] Spouse [ ] Child

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

### ISSS USE ONLY

- Financial documentation
- Copy of most recent I-94 card
- Passport copies

Approved By: \_\_\_\_\_ Ready for pick-up on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ after 1:00 PM