



## REQUEST J-2 DEPENDENT(S) DS-2019 FOR VISITING SCHOLARS

### Scholar Information:

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Family/Last Name: \_\_\_\_\_ First/Given Name: \_\_\_\_\_  
U.S. Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Status (check one): ☐ Short-term Scholar ☐ Research Scholar ☐ Professor ☐ Specialist  
Department: \_\_\_\_\_  
Program End Date: \_\_\_\_\_  
Funding \*\* (UD, government, personal, etc.): \_\_\_\_\_

\*\* The minimum amount required for 1 year is \$18,225 per scholar, \$6,425 per dependent spouse, \$6,425 per 1st dependent child and \$5,140 for each additional child dependent. E.g. for a family of three (scholar + spouse + child) funding must be at least \$31,075 per year. If the scholar is not staying a full year the amount can be divided by a monthly rate of \$1,519 per scholar, \$535 per dependent spouse, \$535 for the 1st child dependent and \$428 for each additional child dependent.

Is (are) the dependent(s) in the U.S.A? If yes, what's their visa status: \_\_\_\_\_

If not, what's the arrival Date of Dependent(s): \_\_\_\_\_

### Dependent Information:

#### Dependent 1

Last Name:	First Name:	Email Address:	Date of Birth (mm/dd/yyyy):
City & Country of Birth:	Citizenship:	Country of Legal Permanent Residency:	Relationship (child, spouse):

#### Dependent 2

Last Name:	First Name:	Email Address:	Date of Birth (mm/dd/yyyy):
City & Country of Birth:	Citizenship:	Country of Legal Permanent Residency:	Relationship (child, spouse):

**Dependent 3**

Last Name:	First Name:	Email Address:	Date of Birth (mm/dd/yyyy):
City & Country of Birth:	Citizenship:	Country of Legal Permanent Residency:	Relationship (child, spouse):

**Dependent 4**

Last Name:	First Name:	Email Address:	Date of Birth (mm/dd/yyyy):
City & Country of Birth:	Citizenship:	Country of Legal Permanent Residency:	Relationship (child, spouse):

*If you have more dependents, please email the above information about additional dependents to [oiiss-scholars@udel.edu](mailto:oiiss-scholars@udel.edu).*

IMPORTANT: You must contact [oiiss-scholars@udel.edu](mailto:oiiss-scholars@udel.edu) to complete the Government Check-in process for each J-2 dependent upon their arrival in the U.S.

I certify that I have medical insurance coverage, and that I will obtain additional medical insurance for my J-2 dependent(s) that meets the US Dept. of States requirements for J visa health insurance for the entire period of their J-2 program.

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