



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 \$16,988 per scholar, \$5,900 per dependent spouse, \$5,900 per 1st dependent child and \$4,720 for each additional child dependent. E.g. for a family of three (scholar + spouse + child) funding must be at least \$28,788 per year. If the scholar is not staying a full year the amount can be divided by a monthly rate of \$1,416 per scholar, \$492 per dependent spouse, \$492 for the 1st child dependent and \$394 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:

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

IMPORTANT: You must contact oiss-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: _____