



OFFICE FOR INTERNATIONAL STUDENTS & SCHOLARS
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**DS-2019 REQUEST FORM
 J2 DEPENDENTS OF A J-1 VISITING SCHOLAR**

Visiting Scholar Information:

Today's Date: _____ UDID Number: _____
 Date of Birth: ____/____/____ Email Address: _____
 Family/Last Name: _____ First/Given Name: _____
 US Address: _____ US Phone: _____
 Status (check one): ____ Short-Term Scholar ____ Research Scholar ____ Professor
 Department: _____
 Program END date: ____/____/____

Funding **: _____

** Required funding: J-1 \$15,000/year; J-2 spouse: \$5,000/year; J-2 child \$3,000/year for each child. As this amount appears on the DS-2019 form, the DS-2019 will not be prepared until the Office for International Students & Scholars (OISS) has received the information. If you are not funded, a personal bank statement is required.

Is (are) the dependent(s) in the U.S.? If yes, what is their visa status: _____
 If not, what's the arrival Date of Dependent(s): _____

Dependent/s Information:

Last Name:	First Name:	Date of Birth (mm/dd/yyyy)	City & Country of Birth:	Citizenship:	Relationship:	Email Address:

I certify that I have medical insurance coverage, and that I will obtain additional medical insurance for my dependent(s) to insure they are covered for the entire period they are in the U.S. I understand that my dependents will not be covered until I purchase insurance for them, and costs incurred for any incidents that occur while my dependent is uninsured are my personal responsibility. **Make sure that you have required documentation as listed on the US Embassy website.**

J-1 Signature: _____ Date: _____