

Request for Dependent DS-2019

Please complete the following form and attach required documentation for all dependents requested.
(Please complete and attach additional forms if necessary)

- Copy of dependent's biographical page of passport
- Financial Guarantee

Spouse: \$850 per month (\$10,200/year), Child: \$425 per month (\$5,100/year)

Dependent Information:

1. Last Name: _____ First Name: _____
Relationship: _____ Date of Birth (mm/dd/yyyy): _____
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Email*: _____
2. Last Name: _____ First Name: _____
Relationship: _____ Date of Birth (mm/dd/yyyy): _____
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Email*: _____
3. Last Name: _____ First Name: _____
Relationship: _____ Date of Birth (mm/dd/yyyy): _____
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Email*: _____
4. Last Name: _____ First Name: _____
Relationship: _____ Date of Birth (mm/dd/yyyy): _____
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Email*: _____
5. Last Name: _____ First Name: _____
Relationship: _____ Date of Birth (mm/dd/yyyy): _____
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Email*: _____

*Dependents who are under the age of 18 are not required to provide an email address.

*The exchange visitor applicant will be responsible for notifying the ISS Office for any changes in the dependent's status.

*Health insurance requirement: Insurance is required for exchange visitors and all of their dependents. Upon your arrival, you will be required to provide insurance provider/policy information. Exchange visitors and their dependents who arrive without insurance will be assigned and charged the University's Insurance policy.