



**Dashew Center for International Students and Scholars (DCISS)**  
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## REQUEST FORM FOR J-2 DEPENDENT (DS-2019) VISA STATUS

**Type or print clearly.** Complete all items. Only your legal spouse and unmarried children under 21 years of age are eligible as dependents. **Attach picture/biographical page of passport(s), evidence of financial support, & J-2 Dependent SEVIS User Fee payment receipt.** Processing time is 10 business days. You will be notified by email when the DS-2019 is completed.

### Section A: Exchange Visitor (EV) Information

(Name as appears on passport)

Last/Family Name(s):	First Name(s):	SEVIS#:
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### Section B: Program Information

Appointment Date: (month/day/year) From: _____ To: _____	UCLA Department Name:
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### Section C: Dependent Information

<b>1. Last, First, Middle Name (as appears on passport):</b>	Relationship:	Gender:	Date of Birth (MM,DD,YY):
City of Birth:	Country of Birth:	Country of Citizenship:	Country of Permanent Residence:
Email:		Phone Number:	
<b>2. Last, First, Middle Name (as appears on passport):</b>	Relationship:	Gender:	Date of Birth (MM,DD,YY):
City of Birth:	Country of Birth:	Country of Citizenship:	Country of Permanent Residence:
Email:		Phone Number:	
<b>3. Last, First, Middle Name (as appears on passport):</b>	Relationship:	Gender:	Date of Birth (MM,DD,YY):
City of Birth:	Country of Birth:	Country of Citizenship:	Country of Permanent Residence:
Email:		Phone Number:	

**Section D: Medical Insurance**

Who will cover the costs for dependent medical insurance?

 UCLA     Exchange Visitor     Other (specify): \_\_\_\_\_
**Section E: Financial Support Information**

Refer to chart below for required minimum financial support for spouse/child. Amount is in addition to the required financial support for primary J-1 visa holder.

<b>Funding Source:</b>	<b>Monthly Amount:</b>	<b>Total Amount:</b>
UCLA Department budget, grant, etc. (Salary):		
U.S. Government agency funds to this Exchange Visitor: Name of the Agency:		
International Organization [e.g. UN, WHO, NATO] funds to this Exchange Visitor: Name of the organization(s):		
Exchange Visitor's Government: Name of the agency:		
Other organizations/institutions in the U.S. or abroad: Name(s):		
Personal funds (attach copy of bank statement in English):		
	<b>Total Amount:</b>	

**Dependent Funding Chart:**

<b>Category</b>	<b>Living Expenses (9-months)</b>	<b>Living Expenses (Summer /3 months)</b>	<b>Total (12-months)</b>
SPOUSE	4,500.00	1,500.00	6,000.00
EACH CHILD	2,000.00	667.00	2,667.00

**Section F: Exchange Visitor (EV) U.S. Address & Contact Information**

Local Street Address:		Apt. #:
City:	State:	Zip:
U.S. Phone #:	E-mail :	

**Section G: Certification by Exchange Visitor**

I hereby certify that the information provided on this form is true and correct to the best of my knowledge:

Signature:	Date:
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