



Request for J-2 Dependent(s) Visa Documents
 (after arrival of J-1 scholar)

INFORMATION ABOUT THE INTERNATIONAL SCHOLAR

Last/Family Name: _____ First/Given Names: _____
 Date of Birth: _____

FINANCIAL SUPPORT INFORMATION

Minimum support is \$1,600 per month for J-1 Exchange Visitor; \$500 for J-2 spouse; \$300 for J-2 child. Written verification in US dollars is required for financial support not provided by UCI. Amount must show total provided for dates of appointment.

University of California, Irvine: _____ Total Amount: \$ _____
 US Government Agency: _____ Total Amount: \$ _____
 Exchange Visitor's Government: _____ Total Amount: \$ _____
 Other (must specify): _____ Total Amount: \$ _____
 Personal Funds: _____ Total Amount: \$ _____

DEPENDENT INFORMATION (attach a copy of the passport biographical page only)

Dependent's Relationship: Spouse Child
 Last/Family Name: _____ First/Given Names: _____
 Date of Birth: _____ City/Country of Birth: _____ Male Female
 Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Dependent's Relationship: Spouse Child
 Last/Family Name: _____ First/Given Names: _____
 Date of Birth: _____ City/Country of Birth: _____ Male Female
 Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Dependent's Relationship: Spouse Child
 Last/Family Name: _____ First/Given Names: _____
 Date of Birth: _____ City/Country of Birth: _____ Male Female
 Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Dependent's Relationship: Spouse Child
 Last/Family Name: _____ First/Given Names: _____
 Date of Birth: _____ City/Country of Birth: _____ Male Female
 Country of Citizenship: _____ Country of Legal Permanent Residence: _____

INSURANCE REQUIREMENT

The Exchange Visitor and his/her accompanying dependents will need to be covered by health insurance as specified by the Department of State. The insurance must provide the following coverage:

- Medical benefits of at least \$50,000 per accident or illness
- Repatriation of remains in the amount of \$7,500
- Expenses associated with the medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000
- A deductible not to exceed \$500 per accident or illness

Signature: _____ **Date:** _____

DEPARTMENT APPROVAL

Approval signature confirms agreement with following points:

1. The scholar and accompanying dependents have adequate financial support for the duration of the scholar's program, which if UCI salary, is commensurate with the proposed activity.
2. The department has determined that the scholar has English language proficiency adequate for the proposed activity.
3. The department has clarified expectations with the scholar regarding University support, benefits, length of program, and the availability of office/lab space, equipment, computer access, clerical support, and faculty collaboration.
4. Scholar will engage only in activities consistent with the intended program and department will notify the International Center of any changes in the program such as changes in financial support, loss of funding, or change in the supporting department.
5. The department will notify the International Center when the scholar plans to leave the US for more than 30 days while continuing J-1 program.
6. The department will notify the International Center when the scholar leaves UCI or is terminated for any reason.

The request form must be completed and signed before the International Center can issue a DS-2019.

Department Chair Signature	Name and Title	Date
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Dean's Office Signature (if required)	Name and Title	Date
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Please attach photocopies of the scholar's I-94 card (front and back). Requests are completed in order received. Please allow 15 business days for processing.