



**APPLICATION TO INVITE DEPENDENTS
OF J-1 EXCHANGE VISITORS
TO THE UNITED STATES**

J-1 Exchange Visitors include J-1 students and scholars. Their spouses and children under 21 are eligible to apply for J-2 dependent visas in order to join J-1 exchange visitors in the United States. Other relatives (e.g., parents, brothers, sisters, adult children) cannot come as J-2 dependents. They must apply for tourist visas.

Processing time is two weeks. You can collect your documents at the Front Desk.

Date of Request:

Name (as it appears in passport):
Family (last) *Given (first)* *Other (middle)*

EMPLID: Department:

Telephone: E-mail:

Visa Status: J-1 Student OR J-1 Scholar

I plan to invite the following immediate family members to join me as J-2 dependents:

1. Name (as it appears in passport):
Family (last) *Given (first)* *Other (middle)*

Gender: Female Male Relationship: Date of Birth:

City & Country of Birth: Country of Permanent Residency:

Country of issuing passport: Expected date of arrival:

2. Name (as it appears in passport):
Family (last) *Given (first)* *Other (middle)*

Gender: Female Male Relationship: Date of Birth:

City & Country of Birth: Country of Permanent Residency:

Country of issuing passport: Expected date of arrival:

3. Name (as it appears in passport):
Family (last) *Given (first)* *Other (middle)*

Gender: Female Male Relationship: Date of Birth:

City & Country of Birth: Country of Permanent Residency:

Country of issuing passport: Expected date of arrival:



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Funding Information:

All student scholars must show proof of funding for their dependents.

Minimum levels of funding for both students and scholars: \$7,000/year per dependant; Proof of funding can be a bank letter, bank statement, or other liquid assets. Attach documentation to this request.

Health Insurance Information:

Do you currently have health insurance? No Yes

If yes, Name of Company:

Expiration Date:

Attach a copy of your insurance card (front and back). We cannot process this request if you are not in compliance with the insurance requirements for J-1 exchange visitors.

Please read and sign the following statement: "I,

, understand that I and my J-2 dependents are required to have accident and sickness insurance for the duration of my program at FSU. I understand that I have to purchase insurance for my J-2 dependent(s) immediately upon their arrival in the U.S. I understand that failure to comply with this requirement may result in termination of my program."

Signature: _____

Date:

This form is available in alternative format upon request.