

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

	s and children under 21 are eligible to apply for J-2 dependent visas in order 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
Date of Request:	your documents at the Front Desk.
Name (as it appears in passport):	
Family (last)	Given (first) Other (middle)
EMPLID:	Department:
Telephone:	E-mail:
Visa Status:	
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.

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Health Insurance Information:	
Do you currently have health insurance?	
If yes, Name of Company:	Expiration Date:
Attach a copy of your insurance card (front and back). We cannot process this request if for J-1 exchange visitors.	f you are not in compliance with the insurance requiremen
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 upon their arrival in the U.S. I understand that failure to comply with this requirement may result in to	
Signature:	Date:

This form is available in alternative format upon request.