



International Student & Scholar Services

201 Technology Plaza | 616 E. Green Street | Champaign, IL 61820 | P. (217) 333-1303 | F. (217) 265-4252 | isss-scholars@illinois.edu

Request for Dependent DS-2019s

Date: _____

Your Name: _____

Campus ID: _____

Your SEVIS Number (upper right corner of your DS-2019 form): N _____

Your E-mail Address: _____

(We will send you an e-mail when your document is ready. Please allow **two weeks** for processing.)

I am requesting a DS-2019 for each dependent listed below*:

Last name:	First and middle names:	Date of birth (mm/dd/yyyy)	Relationship: (spouse/ child)	Gender (male/ female)
City and country of birth:		Country of citizenship:		Country of legal permanent residence:

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City and country of birth:		Country of citizenship:		Country of legal permanent residence:

* Only a spouse and unmarried children under 21 years of age qualify for J-2 status.

Minimum monthly funding required for J-1 and J-2s:

J-1	\$1,200
First J-2	\$600
Each additional J-2	\$300

ISSS will confirm that your funding is sufficient for you and your dependents. We may contact you to ask for extra proof of funding.

All dependents must have health insurance during the period they will stay in US.