



THE UNIVERSITY OF ALABAMA
CAPSTONE INTERNATIONAL SERVICES
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J-2 Dependent Request Form

SECTION 1: J-1 SCHOLAR/PROFESSOR'S INFORMATION

Full Name: _____
Family/ Last Name (Surname) Given Name (First) Middle Name (if any)

J-1 SEVIS Number: _____ J-1 DS-2019 End-Date: _____

Phone Number: _____ E-Mail Address: _____

SECTION 2: DEPENDENT FAMILY INFORMATION (FOR SPOUSE AND CHILDREN'S J-2 DS-2019)

FAMILY FINANCIAL SUPPORT: To bring a spouse or any children, a J-1 Scholar or Professor must show financial support above the minimum of \$14,400 per year (\$1200/ month). Financial Support of \$6000 per year (\$500/ month) must be shown for each J-2 dependent - spouse and child(ren).

IMPORTANT NOTE: DS-2019 documents can be issued only to dependent spouses and to unmarried, dependent children under 21 years of age. Married children and children over 21 years old cannot be issued a DS-2019 and cannot hold J-2 status.

Spouse's Information	Full Name (required): _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any) Residence Information (required): _____ : _____ City of Birth Country of Birth Residence Information (required): _____ : _____ Country of Permanent Residence Country of Citizenship Date of Birth: (month/ day/ year): _____ Spouse's Gender : <input type="checkbox"/> male <input type="checkbox"/> female
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1st Child's Information	Full Name (required): _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any) Residence Information (required): _____ : _____ City of Birth Country of Birth Residence Information (required): _____ : _____ Country of Permanent Residence Country of Citizenship Date of Birth: (month/ day/ year): _____ Child's Gender : <input type="checkbox"/> male <input type="checkbox"/> female
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2nd Child's Information	Full Name (required): _____ Family/Last Name (Surname) Given Name (First) Middle Name (if any) Residence Information (required): _____ : _____ City of Birth Country of Birth Residence Information (required): _____ : _____ Country of Permanent Residence Country of Citizenship Date of Birth: (month/ day/ year): _____ Child's Gender : <input type="checkbox"/> male <input type="checkbox"/> female
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For additional children, please copy this section and submit as a separate page with the above requested information about name, residence, date of birth, and gender.

REQUIRED DOCUMENTATION TO BE SUBMITTED BY J-1 SCHOLAR/PROFESSOR

- Copies/Scans of Passport Identification Pages for All Requested Dependents
- Copy/Scan of Appointment Letter, Proof of Financial Support, or Bank Statement to Cover Additional Dependent Expenses

I certify that the above information is correct and complete.

Scholar's Signature: _____ Date: _____
(month/day/year)