



SOUTHEASTERN LOUISIANA UNIVERSITY  
International Services  
**Request for Dependent I-20 or DS-2019**

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### Instructions

Use this application to obtain an I-20 or DS-2019 form to bring your *spouse and/or dependent children* to the United States. **Parents or other relatives are NOT eligible.** The ISO will issue an I-20 or DS-2019 for a fiancé, but keep in mind that in order to obtain a dependent F-2 or J-2 visa, your spouse will need to demonstrate proof of the marriage during the visa interview. Dependent children must be unmarried and under 21 years of age.

You must demonstrate the ability to support your dependents by providing proof of additional funding (\$6,000 for a spouse and \$4000 for each child) *in addition* to the funds used to cover your tuition, fees, and living expenses. This amount must be shown regardless of the length of time your dependent(s) will stay in the U.S.

### Required Documentation

- A copy of your proof of funding, such as a recent official bank statement, a letter (on bank letterhead with the officer's signature, seal or stamp) confirming your funds, or a Southeastern Louisiana University letter showing a scholarship award or other source of funding. Multiple funding sources are permitted.
- A copy of your most recent I-94 card.
- Copies of the passport identification page for each dependent, where available.

### Health Insurance Requirement for J-1 Students and Scholars

The Department of State regulations governing the J-1 Exchange Visa Program require that all J-1 exchange visitors and their J-2 dependents must have health insurance coverage that meets the requirements of the J-1 program. It is your responsibility to monitor that you and your dependents have such insurance while living in the U.S.; failure to comply with this regulation could result in the loss of your J-1 status.

### Student/Scholar Information

**Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

**Immigration Status:**  F-1 Student  J-1 Student  J-1 Scholar **SEVIS ID:** \_\_\_\_\_

**Gender:**  Male  Female **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Certification

*I have read all of the information on this application form for bringing dependents to the U.S. I certify that the information I have provided is true and correct and that I have the means to support and will ensure proper medical insurance coverage for the noted individuals.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Please continue to the next page to complete the Dependent Information Sheet)**

Please write your dependents' names *exactly* as they are written in their passports, clearly indicating any spaces or dashes. Your dependents should follow the same format when they complete their visa applications and I-94 cards. You may attach additional sheets if necessary.

### Dependent #1 Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F Relationship:  Spouse  Child  
(Month) (Day) (Year)

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

### Dependent #2 Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F Relationship:  Spouse  Child  
(Month) (Day) (Year)

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

### Dependent #3 Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F Relationship:  Spouse  Child  
(Month) (Day) (Year)

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

### Dependent #4 Information

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F Relationship:  Spouse  Child  
(Month) (Day) (Year)

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_