BOSTON UNIVERSITY
UNIVERSITY

Request for Dependent Form I-20 or Form DS-2019

International Students & Scholars	Office	• 888 Commo	nwealth 1	Avenue, Second Floor	*	Boston, Massachusetts	*	02215
Telephone: 617/353-3565	*	isso@bu.edu	*	www.bu.edu/isso		Facsimile	617/	358-1170

Only the spouse and unmarried minor children (under the age of 21) of an F-1 or J-1 student or a J-1 scholar are eligible to enter the U.S. in dependent status (F-2 or J-2). Each dependent must receive their own Form I-20 or DS-2019 if they wish to obtain a dependent visa. The information below is required before the ISSO can issue documents for your dependents. Please use the fill-in features of Adobe Acrobat to complete the form or, if necessary, print very clearly when completing this by hand. Please visit the ISSO web site (www.bu.edu/isso) for more information on applying for a dependent visa and on immigration benefits granted to dependents.

A. Information About You (the	e BU student or scholar)						
Family Name:	F	irst Name			BU ID#:		
Your current immigration status:				Expected date studies	or research/	/teaching will end:	
F-1 Student J-1 St	tudent 🗌 J-1 Scholar	(Researcher, Professor, S	pecialist)			-	
B. Family Information							
Please answer the questions below, then pr	rovide all the required inforn	nation about each depende	ent for which	you would like a Form	1-20 or Fc	orm DS-2019.	
1. Are your dependents currently in t	🗌 No		☐ Yes				
2. Will your family travel with you to	□ No		Yes. When?				
3. Will your family travel to the U.S. s	□ No		☐ Yes. When?				
4. How long will your dependents stay in the U.S.?							
	Dependent 1	Dependent 2		Dependent 3		Dependent 4	
Family Name							
First Name(s)							
Middle Name(s)							
Date of Birth (month/day/year)							
City of Birth							
Country of Birth							
Country of Citizenship							
Country of Legal Permanent Residence							
Relationship*							
Current immigration status, if in U.S.							
Ever studied or worked at BU?							
* Please write "Wife," "Husband," "Son,"	or "Daughter" if completir	ng by hand. If you have m	ore than four	r dependents, list them	i on an adu	ditional sheet.	
Dependent's Address in Home Country	y						
Street Address:			City:				
State / Province:	Postal Code		Country				

COPIES OF PASSPORTS REQUIRED: You must include a copy of each dependent's passport (information/picture page only). If they are in the U.S., you must also include a copy of the current <u>Form I-94</u> (small white card, usually stapled inside passport) and any other relevant immigration documents.

FINANCIAL SUPPORT: You must demonstrate sufficient financial support for the expenses of your dependents in addition to the support required for your own academic and living expenses. You must provide original documents (e.g., bank statements, sponsor letters, sponsor bank statements) demonstrating that your family will have adequate funds to care for their expenses here in the U.S. Please see our separate handout on expenses for specific figures.

MEDICAL INSURANCE FOR J EXCHANGE VISITORS: In addition, all J-1 Exchange Visitors and their J-2 dependents are required by the U.S. Department of State to meet compulsory insurance coverage regulations. It is strongly recommended that F-2 dependents subscribe to the same insurance.

Signature