

J-1 STUDENT DS-2019 DEPENDENT REQUEST

- Processing time for J-2 Dependent requests is 7-10 business days.
- Incomplete applications will be returned to the student

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

ADD DEPENDENT

- PROOF OF FUNDING
 PASSPORT IDENTITY PAGE ONLY - PLEASE INCLUDE PASSPORT IDENTITY PAGES FOR ALL DEPENDENTS

FUNDING REQUIREMENTS FOR 2008:

ESTIMATED EXPENSES TO PROVE FOR STUDENTS				
<i>** Amounts listed may change</i>	Tuition & Fees	Living Expenses	Insurance	TOTAL
UNDERGRADUATE				
Lower level (Fr./Soph.)	\$23,600	\$10,648	\$1,316	\$35,564
Upper level (Jr./Sr.)	\$24,372	\$10,648	\$1,316	\$36,336
GRADUATE				
With assistantship	\$15,720	\$12,418	\$1,316	\$29,454
Without assistantship	\$10,920	\$12,418	\$1,316	\$24,654
NON-DEGREE (LIFELONG ED)				
Undergraduate (12 cr)	\$9,140	\$10,648	\$1,316	\$21,104
Graduate (9 cr)	\$6,868	\$10,648	\$1,316	\$18,832
ADDITION EXPENSES FOR DEPENDENTS				
Spouse (wife/husband)	\$5,000 Per year			
	\$3,000(Per child)			
Each child under 21	Per year		\$3,000 x # of children	

INSURANCE REQUIREMENTS:

Federal regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the scholar's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. Minimum health insurance requirements for J visa holders are as follows:

- * \$50,000 per sickness/illness
- * \$50,000 per accident/injury
- * \$10,000 for medical evacuation
- * \$7,500 for repatriation
- * Maximum \$500 deductible

Health insurance for MSU employees meets the above requirements. If the scholar is not eligible for MSU employee health insurance, sufficient health insurance may be purchased through the MSU Benefits Office, from the scholar's home country, or through a private health insurance provider in the United States.

J-1 ADD DEPENDENT REQUEST TO BE COMPLETED BY THE STUDENT:

PURPOSE OF THIS FORM:

- ADD DEPENDENTS**
 PASSPORT IDENTITY PAGE - PLEASE INCLUDE PASSPORT IDENTITY PAGES FOR ALL DEPENDENTS
 PROOF OF FUNDING – SEE FUNDING REQUIREMENTS BELOW

J-1 Student Information - Name must be exactly as it appears on the Passport

A PID	SEVIS Number: N	Today's Date:
Family name:	First:	Middle:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth date (MM/DD/YYYY):	
City of birth:	Country of birth:	
Country of citizenship:	Country of legal permanent residence:	
U.S. Address:	Email Address:	

Family members who will accompany the visitor:

Name: Last, First, Middle <i>(Name must be exactly as it appears on the Passport)</i>	Sex (M/F)	Date of Birth (M/D/YY)	City & Country of Birth	Country of Legal Perm. Residence	Country of Citizenship
Spouse:					
Child:					
Child:					
Child:					
Child:					
Child:					

FUNDING REQUIREMENTS FOR DEPENDENTS

Spouse (wife/husband)	\$5,000 Per year	\$3,000 x # of children
Each child under 21	\$3,000 Per year	

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT

<input type="checkbox"/> MSU Department funds: \$ Health insurance provided by Department? Yes <input type="checkbox"/> No <input type="checkbox"/> Scholar providing health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Scholar's Government: \$
<input type="checkbox"/> Other funds: \$ Source of other funds:
<input type="checkbox"/> Personal/Family funds: \$

Name of person to contact when DS-2019 is ready: Name: Email: Phone: Preferred contact method: Email <input type="checkbox"/> Phone <input type="checkbox"/>	Return to: Mary M. Gebbia-Portice Office for International Students and Scholars 103 International Center Phone: 517-353-1720 Fax: 517-355-4657 All inquiries should be directed via email to: mary@msu.edu
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