

Step Two: Exchange Visitor Dependent Request Form

This form is to be completed by the sponsoring department if the J-1 Exchange Visitor has dependents in the form of spouse and/or children under 21 years of age that will be accompanying the Exchange Visitor to the United States. Each dependent will require J-2 Dependent Status, may apply for employment authorization from the Department of Homeland Security, and is permitted to enroll in elementary or secondary schools while in the United States. The J-1 Exchange Visitor must demonstrate in his/her application ability to support them financially. St. Cloud State University must confirm that all J-1 Exchange Visitors and their dependents have medical insurance that covers them for sickness and accidents during the period of participation in the program. To ensure these requirements are met, all J-2 dependents must enroll in the MnSCU-approved health insurance policy. The current cost of health insurance for J-1 Exchange Visitors is approximately \$76 per month. The hosting academic department or the Exchange Visitor can pay this and it must be paid before their program start date.

Please submit this request form in conjunction with the Request for J-1 Exchange Visitor, along with the following for each dependent, to avoid delays in reviewing the J-1 Exchange Visitor application:

- Proof of relationship to the dependent(s) via copy of marriage certificate (for spouse) or birth certificate (for child)
- Valid passport copy
- Financial support documentation

EXCHANGE VISITOR INFORMATION

Name _____ Male ___ Female ___
Last (family name) First Middle

DEPENDENT INFORMATION

Name _____ Male ___ Female ___
Last (family name) First Middle

Date of Birth _____ Place of Birth _____
month/day/year City Country

Country of Citizenship _____ Country of legal permanent residence _____

Relationship _____ (spouse or child)

Name _____ Male ___ Female ___
Last (family name) First Middle

Date of Birth _____ Place of Birth _____
month/day/year City Country

Country of Citizenship _____ Country of legal permanent residence _____

Relationship _____ (spouse or child)

Name _____ Male ___ Female ___
Last (family name) First Middle

Date of Birth _____ Place of Birth _____
month/day/year City Country

Country of Citizenship _____ Country of legal permanent residence _____

Relationship _____ (spouse or child)

CENTER FOR INTERNATIONAL STUDIES

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