

Dependent Information Form

IMPORTANT:

- 1) Names should be written as they are listed in their passports.
- 2) List only those who will be coming to the U.S. on a J-2 visa.
- 3) Dependent children must be under the age of 21.
- 4) The Exchange Visitor must provide evidence of financial support for the spouse and all dependent children in the amount of \$400 per month for each for the entire length of the program.
- 5) Medical insurance coverage must be maintained for the spouse and all dependent children during the entire program.
- 6) After completing this form, return it with passport copies of your spouse and all dependents to Ms. Julie Christensson at julie.christensson@wichita.edu.

Exchange Visitor Information			
Last Name	First Name	Middle Name	
Information for Spouse			
Last Name	First Name	Middle Name	
Relationship: Husband Wif	e Date of Birth (mm/dd/yyyy):		
Place of Birth:			
City	Country		
Country of Citizenship:	Country of Legal Permanent Resident	Country of Legal Permanent Residence:	

Information for Children

—— Child #1 ————		
Last Name	First Name	Middle Name
Relationship: Son Daughter	Date of Birth (mm/dd/yyyy):	
Place of Birth:		
City	Country	
Country of Citizenship:	Country of Legal Permanent Residence:	
Child #2		
Last Name	First Name	Middle Name
Relationship: Son Daughter	Date of Birth (mm/dd/yyyy):	
Place of Birth:		
City	Country	
Country of Citizenship:	Country of Legal Permanent Residence:	····
	First Name	Middle Name
Relationship: Son Daughter	Date of Birth (mm/dd/yyyy):	
Diagonal Diath.		
City	Country	
Country of Citizenship:	Country of Legal Permanent Residence:	
Child #4		
Last Name	First Name	Middle Name
Relationship: Son Daughter	Date of Birth (mm/dd/yyyy):	
Place of Birth:		.
City	Country	
Country of Citizenship:	Country of Legal Permanent Residence:	

If you have additional dependents, use an additional piece of paper.