

## F-2 DEPENDENT VISA DOCUMENT APPLICATION

Student Information									
Name					Only your spouse and/or children may enter as				
SS# OR Samford ID#						ependen S–2019		your I–20 or	
Current Address					U	niversity	will i	ssue a visa lependents,	
City/Otata/7in							show	that you have:	
City/State/Zip						resou	rces	to cover	
Telephone (home)E-mail						-		s' expenses oorts per	
Month/Year entered U.S.						deper			
Check One: □ F-1		J-1			<ul> <li>medical insurance coverage per dependent</li> </ul>				
Status at Samford University:		Undergraduate	□ G	raduat	e				
Dependent Information (s			_				cate(s	s) per child)	
Spouse's Name (circle family nam									
Month/Day/Year of Birth				nder:		Male			
City/Country of Birth									
Spouse Expected Date of Arrival _		month	day	/			year		
Child's Name (circle family name)									
Month/Day/Year of Birth			Ger	nder:		Male		Female	
City/Country of Birth			Citizenship	·					
Child's Name (circle family name)									
Month/Day/Year of Birth			Ger	nder:		Male		Female	
City/Country of Birth				·					
Child's Name (circle family name)									
Month/Day/Year of Birth				nder:		Male		Female	
				o					

## **Financial Support:**

Please provide name, address, and relationship:

You must provide proof of financial support in the amount of \$5000 (per F-2 or J-2 dependent) above the total estimated costs listed in the Financial section of the F-1 I-20. This support must be guaranteed for your entire length of study at Samford University. You must produce up—to—date support documents, which will be reviewed to determine if there are sufficient funds available to issue the I-20 or DS-2019.

\*Personal, Parental or Other Funds: Attach letter(s) from bank(s) certifying the amount listed for 1st year of study \*Scholarship: Attach copy of Scholarship letter from institution, Government or sponsoring agency certifying the amount listed for 1st year of study

\*Graduate Assistantship: Attach current letter from the department that reflects the amount of your stipend for 1st year of study

Who will provide the funds to cover the expenses of your dependents?

How much per year will be provided?
For how long will this support be provided?  *We must have documentation on file that supports this information.
<b>Health Insurance:</b> All dependents of F-1 and J-1 visa holders must have continuous health insurance coverage.
How will you provide this coverage?
<b>Employment:</b> Dependents of F-1 students are given F-2 visas. F-2's may not work for compensation while in the U. S. J-1 dependents can receive work authorization with their J-2 visas, but this employment cannot be used to meet the requirements for financial support needed for obtaining the visa. Please do not bring dependents to the U.S. with the impression that they may work as a means of support.
<b>Adjustment:</b> It is normal that your dependents endure a period of cultural adjustment similar to what you experienced when you arrived in the U.S. If your dependents do not speak English, the transition will be even more of a challenge for them. Please visit the Global Engagement Office with your questions and/or concerns, as we are always available to assist you and your family with any difficulties you may face.
<b>School-age children:</b> All children between the ages of 6 and 18 must attend school. Please bring all health and academic records for your school-age children in order to facilitate their enrollment in school.
In filing this application for dependents to travel to the United States under the visa sponsorship of Samford University, I agree that I have read and fully understand my responsibilities as outlined above, and ensure that each requirement will be met. I understand that my dependents are required to visit the Global Engagement Office within 5 days their arrival in Birmingham to present their visa documents and proof of medical insurance. I further agree to notify the Global Engagement Office should my dependents depart before my stay in the U.S. expires.
Signature Date