



This form is to be used by continuing U-M students to request a DS-2019 to be used by dependents.

- Dependents are defined by US immigration regulations as “spouse and/or children under 21 years old only.”
- If your spouse/children are US citizens or permanent residents of the US, they are not eligible for a DS-2019.
- Item #2 of your DS-2019 must be ‘University of Michigan’ and item #4 must be ‘student.’
- The J-1 student must sign the J-2 dependent DS-2019 in the ‘Exchange Visitor Certification’ box.

You must meet with an International Student and Scholar Advisor to submit this request.

LAST NAME	FIRST NAME	MIDDLE NAME	UNIQNAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NUMBER of J-2 DEPENDENTS	TELEPHONE	SEVIS ID # N
DELIVERY METHOD <input type="checkbox"/> PICK-UP (If someone else will pick up for you, his/her name is: _____) <input type="checkbox"/> SHIP (See “ SHIPPING OPTIONS ”): <input type="radio"/> eShip Global <input type="radio"/> U.S. Mail				
HAVE YOU APPLIED FOR A 212E (2-YEAR HOME RESIDENCY) WAIVER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SUBJECT TO 212E			IF YES, HAS A DEPT. OF STATE WAIVER RECOMMENDATION BEEN RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Dependent Information exactly as it appears on their passport.

Dependent Name (Last, First, Middle)	Relationship to Student (Spouse/Daughter/ Son)	Birthdate (mm/dd/yyyy)	City, Country of Birth	Country of Citizenship AND Country of Permanent Residence

****Dependent’s Date of Arrival** _____ ****Dependent’s Email (If Spouse)** _____

Checklist of required documents.

- Copy of your paper or print-out of electronic Most Recent [I-94](#)
- Copy of your current DS-2019, page 1
- If available, copy of your dependent’s passport page showing picture, biographical information, and expiration date
- An unofficial transcript downloaded from [Wolverine Access](#)
- [Financial Resources Statement](#) and supporting financial documents

- I certify I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and any J-2 dependents) must have U-M approved health insurance for the duration of my J-1 status.
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), through Wolverine Access within 10 days of the change.

Signature _____ **Date** _____

Please do not staple forms.