

# J-2 of F-2 Sponsorship for Immediate Family Member

If you have J-1 status, please save and send the completed form as an email attachment to [globalsupport@unmc.edu](mailto:globalsupport@unmc.edu). A new DS-2019 will generally be completed within one week. If you have F-1 status, please save and send the completed form as an email attachment to [dteet@unmc.edu](mailto:dteet@unmc.edu). A new I-20 will generally be completed within one week.

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## Part I. Invitee Information

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Zip: \_\_\_\_\_

Current Immigration Status: [ ] F-1 [ ] J-1 [ ] Other \_\_\_\_\_

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## Part II. Visitor Information

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Approximate date you would like your family member to arrive: \_\_\_\_\_

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Additional Information: Health insurance and medical evacuation insurance are required for J-2 dependents and strongly recommended for F-2 dependents.

Parents or siblings of a J-1 or F-1 are not eligible for J-2 or F-2.

Additional proof of funding may be required to sponsor dependents for J-2 or F-2 status.

If you wish to sponsor more than one dependent, please include their information on page two.

**Additional Dependents**



Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Relationship to You:  Husband  Wife  Son  Daughter  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_