

# REQUEST TO ADD F-2 DEPENDENT

## IMPORTANT

- Dependents may stay in the United States as long as the F-1 visa holder remains in lawful status.
- Dependents may study **part-time** in any certified program at an SEVP-certified school at the postsecondary level, as long as it does not amount to what regulations define as full time for an F-1 student.
- F-2 dependents who wish to study **full-time** at an SEVP-certified school at the postsecondary level should apply to change status to F-1.
- F-2 minors must still comply with compulsory education requirements in attending kindergarten through 12th grade.
- When a minor CHILD turns 21 or gets married before 21, they are no longer allowed to remain an F-2 dependent.
- **You MUST ADD health insurance for your dependent with Aetna Student Health: 877-375-7905**

## REQUIRED DOCUMENTS

1. Completed/signed request form
2. Passport info page(s) for each dependent(s)
3. Proof of funds (bank statements, financial guarantee, sponsorship/scholarship letter) to cover you and your dependent(s) for one year. **MUST SHOW ADDITIONAL \$4,420 PER DEPENDENT** on top of yearly tuition and fees.
4. If adding child dependent: must submit a **copy of their official birth certificate with English translation**
5. If adding spouse dependent: must submit a **copy of your official marriage certificate with English translation**

TERM (2018-2019)	TOTAL AMOUNT OF FUNDING YOU MUST SHOW
UNDERGRADUATE (Bachelor)	\$38,583 + \$4,420 for EACH dependent
GRADUATE (Master & PhD)	\$36,935 + \$4,420 for EACH dependent
ESL	\$38,583 + \$4,420 for EACH dependent
OPT (living costs only)	\$14,272 + \$4,420 for EACH dependent

### DEPENDENT INFORMATION: All fields are required

**1.** \_\_\_\_\_  
(FAMILY NAME) (FIRST NAME) GENDER

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DATE OF BIRTH: (MONTH / DAY / YEAR) PLACE OF BIRTH (CITY, COUNTRY) RELATIONSHIP (SPOUSE OR CHILD?)

**ADDRESS IN HOME COUNTRY:** \_\_\_\_\_  
# AND STREET NAME CITY COUNTRY POSTCODE

- Is the above dependent already in the U.S.? If so, when did they arrive and on what visa type? \_\_\_\_\_
- Will dependent apply to enroll in classes at UMKC? Yes No
- Will dependent be sponsored by: Embassy of Oman Embassy of Kuwait SACM Family/dept./self

**2.** \_\_\_\_\_  
(FAMILY NAME) (FIRST NAME) GENDER

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DATE OF BIRTH: (MONTH / DAY / YEAR) PLACE OF BIRTH (CITY, COUNTRY) RELATIONSHIP (SPOUSE OR CHILD?)

**ADDRESS IN HOME COUNTRY:** \_\_\_\_\_  
# AND STREET NAME CITY COUNTRY POSTCODE

- Is the above dependent already in the U.S.? If so, when did they arrive and on what visa type? \_\_\_\_\_
- Will dependent apply to enroll in classes at UMKC? Yes No
- Will dependent be sponsored by: Embassy of Oman Embassy of Kuwait SACM Family/dept./self

- ✓ I certify that I understand the rules and regulations of my dependent visa(s) and that they will be covered by adequate health insurance for the entire duration of their stay.
- ✓ I certify that I have the funds to support my dependent(s) during their stay in the U.S.
- ✓ I also certify that the information provided on this request form is accurate to the best of my knowledge.

F-1 STUDENT NAME

SIGNATURE

UMKC STUDENT ID#