

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 Anthem Student Health: 1-833-332-0798.**

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 your dependent(s) for one year. **MUST SHOW \$4,540 PER DEPENDENT.** The proof of funds should be less than 6 months old.
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 (2021-2022)

TOTAL AMOUNT OF FUNDING YOU MUST SHOW = **\$4,540**

DEPENDENT INFORMATION: All fields are required

1.	_____	_____	_____		
	(FAMILY NAME)	(FIRST NAME)	GENDER		
DATE OF BIRTH: (MONTH / DAY / YEAR)					
PLACE OF BIRTH (CITY, COUNTRY)		RELATIONSHIP (SPOUSE OR CHILD?)			
ADDRESS IN <u>HOME COUNTRY</u> :					
# 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
•	Will dependent be sponsored by:	<input type="checkbox"/> Family/dept./self	<input type="checkbox"/> Embassy of Kuwait	<input type="checkbox"/> SACM	<input type="checkbox"/> Embassy of Oman

2.	_____	_____	_____		
	(FAMILY NAME)	(FIRST NAME)	GENDER		
DATE OF BIRTH: (MONTH / DAY / YEAR)					
PLACE OF BIRTH (CITY, COUNTRY)		RELATIONSHIP (SPOUSE OR CHILD?)			
ADDRESS IN <u>HOME COUNTRY</u> :					
# 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
•	Will dependent be sponsored by:	<input type="checkbox"/> Family/dept./self	<input type="checkbox"/> Embassy of Kuwait	<input type="checkbox"/> SACM	<input type="checkbox"/> Embassy of Oman

- ✓ 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#

YOUR CURRENT U.S. ADDRESS: _____ TODAY'S DATE: _____