FAMILY MEMBER APPLICATION

This form is to be used by international students and scholars at UNC-CH (in either F-1 or J-1 status) to request a certificate of eligibility so that a spouse and/or child may apply for a dependent visa (F-2 or J-2) to enter the United States. Each dependent must have his or her own certificate of eligibility (Form I-20 or DS-2019) for visa application and travel. Only children under 21 years of age and legal spouses may enter the U.S. in F-2 or J-2 status. Other family members must instead apply for a B-2 tourist visa (generally valid no more than 6 months at a time). J-1 students are required to purchase medical insurance for their dependents while in the U.S.

To request a certificate of eligibility (Form I-20 or DS-2019) for your dependent(s), you must submit to ISSS:

1. ISSS Family Member Application Form
2. Proof of funding: You must resubmit financial documents if those currently on file with ISSS are more than six months old. In addition to the standard estimates for tuition and fees, living expenses, and other costs for yourself, you will be expected to show $725 per month for a spouse and $362.50 per month for each child (you must show $8,700 for a spouse and $4,350 for each child if you have one year or more left in your program). Documents provided must be originals (not photocopies). Valid documents to prove funds must be in English and may include:
   - current bank letter and (if the account is not in your name) a signed letter from sponsor
   - current scholarship/fellowship/assistantship award letter, or letter verifying your educational loan
3. Photocopy of marriage certificate (required to issue documents for a dependent spouse): If not in English, the marriage certificate and any supporting documents must be submitted together with certified translations.
4. Photocopy of each dependent’s passport

Please complete the information requested in Sections I and II of this form and submit it together with other required supporting documentation to ISSS. Allow at least two weeks for processing.

SECTION I: STUDENT INFORMATION

NAME:_________________________________________________________ PID:_________________________
PHONE NUMBER:_________________________________ EMAIL:____________________________________
VISA STATUS (F-1 or J-1):__________________ PROGRAM END DATE ON I-20 OR DS-2019:________________________
APPROXIMATE DATE OF DEPENDENT’S ARRIVAL IN THE U.S.:________________________

SECTION II: DEPENDENT INFORMATION

LAST NAME:_________________________________ FIRST NAME:__________________ MIDDLE NAME:__________________
BIRTHDATE (mm/dd/yyyy):______________ GENDER: ☐M ☐F RELATIONSHIP TO YOU:________________________
CITY OF BIRTH:_________________________________ COUNTRY OF BIRTH:______________________
COUNTRY OF CITIZENSHIP:______________________ COUNTRY OF PERMANENT RESIDENCE:__________________
DEPENDENT INFORMATION (continued)

LAST NAME:____________________________ FIRST NAME:____________________ MIDDLE NAME:____________________
BIRTHDATE (mm/dd/yyyy):______________ GENDER: □ M □ F RELATIONSHIP TO YOU:________________________
CITY OF BIRTH:________________________ COUNTRY OF BIRTH:__________________________
COUNTRY OF CITIZENSHIP:________________ COUNTRY OF PERMANENT RESIDENCE:________________________

LAST NAME:____________________________ FIRST NAME:____________________ MIDDLE NAME:____________________
BIRTHDATE (mm/dd/yyyy):______________ GENDER: □ M □ F RELATIONSHIP TO YOU:________________________
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