

F-1/J-1 INFORMATION

This form is for dependents to apply for F-2 or J-2 visas. If your guest is not a spouse or child, please use the Invitation Request Form. Please make sure that your dependents check in with ISSS when they arrive to Nashville.

Students: Complete both the front and back of this form and submit with passport ID pages of all dependents to ISSS in advance, allow 3-4 days for processing.

Staff and faculty members: Complete only the front page of this form and submit with passport ID pages of all dependents to ISSS, allow one week for processing. Attach financial documents verifying that sufficient funds are available, if you do not receive a salary from Vanderbilt, which covers \$6000/year for a spouse and \$3000/year per child as well as \$13,200/year for yourself.

LAST/FAMILY NAME, capitalized

First/Given Name

Date of Birth (Month/Day/Year)

Country of Citizenship

Male Female

Classification (check one):
 Student Staff Faculty _____
Visa Type

Department and Position

OR _____
 Degree Seeking Major Field of Study

E-mail Address

Approximate date of Dependent(s) arrival

FAMILY INFORMATION

<u>SPOUSE</u> (submit marriage certificate)	
_____ LAST/FAMILY NAME,	_____ First/Given Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Date of Birth: MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Permanent Residence	_____ Country of Citizenship

<u>CHILD</u>	
_____ LAST/FAMILY NAME,	_____ First/Given Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Date of Birth: MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Permanent Residence	_____ Country of Citizenship

<u>CHILD</u>	
_____ LAST/FAMILY NAME,	_____ First/Given Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Date of Birth: MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Permanent Residence	_____ Country of Citizenship

<u>CHILD</u>	
_____ LAST/FAMILY NAME,	_____ First/Given Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Date of Birth: MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Permanent Residence	_____ Country of Citizenship

ESTIMATE OF EXPENSES

A.	Program (estimates based on one academic year) Undergraduate _____ <u>Graduate Programs</u> Graduate School _____ Divinity School _____ Law School _____ OWEN Graduate School of Management _____ Peabody College _____ School of Medicine _____ School of Nursing _____ Research Only _____	Tuition _____ _____ _____ _____ _____ _____ _____ _____	Check One <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				Total Tuition
B.	Required Activity Fees Undergraduate students _____ Graduate/professional students _____	_____ _____	Check One <input type="checkbox"/> <input type="checkbox"/>	
				Total Activity Fees
C.	Academic Program Fees (if applicable) Continuing Engineering Students _____ Nursing Students – malpractice and lab fee _____ School of Medicine – M.D. Fees _____	_____ _____ _____	Check All That Apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				Total Academic Fees
D.	Student Living Expenses (*9-month Expenses for Undergraduate, LLM, & MS Finance Students ONLY)	9-month* _____	12-month _____	Total Living Expenses
E.	Dependent Living Expenses	12-month _____	Spouse _____ Child _____ X # children _____	Total Dependent Living Exp.
	Dependent Health Insurance	Spouse _____ Child _____ X # children _____	_____ X # children _____	Total Dependent Health Ins.
F.	Health Insurance, Student Only (required) (Student & Dependent Health Insurance is <u>required</u> ; Amounts based on current health insurance rates; annual increases expected)			Total Student Insurance
G.	Books and Supplies _____ (required for students enrolled in course work)			Total Books and Supplies
H.	TOTAL EXPENSES (Note: Total Expenses should be equal to, or less than, Total Support)			\$ _____ (sum of items A-G)

SOURCE OF SUPPORT

Vanderbilt University	\$	_____
Personal or Family Funds	\$	_____
Home Government	\$	_____
Other (please describe)	\$	_____
TOTAL SUPPORT	\$	_____

***If university assistance does not cover all expenses**, provide additional proof of funding in the form of an original, current bank statement that:

1. Indicates the amount of money available (current balance)
2. Is signed and dated by bank official within the past 3 months
3. If the account is not in your name, the account holder must write a letter of permission for use of funds to support your study in the U.S.

I certify all information provided is accurate. Student Signature: _____ Date: _____
 (Or Legal Guardian if under age)