

oiss@stthomas.edu, Tel: 651-962-6650, Fax: 651-962-6655

### **Procedures:**

If you are looking to add your spouse and/or children as your dependents please follow the below instructions depending on your current situation. Schedule an appointment to meet with an OISS Advisor once you have collected the documents needed below.

# Dependent will apply for their F-2 visa while out of the U.S.

- 1. Obtain new financial documents for the current academic year's expenses plus \$6000/year for first dependent and \$3000/year for each subsequent dependent
  - If you are on Optional Practical Training (F-1) or Academic Training (J-1) you must submit an additional \$1000/month for living expenses for the remainder of your training period for your dependent(s).
- 2. Provide a copy of dependent's passport information page, if possible

# Dependent will apply for their F-2 visa while in the U.S.

If the dependent is currently in the U.S. and does not have plans to travel out of the U.S. then they will need to apply for a change of status through USCIS. OISS can assist in this application. Required Documents:

- A check or money order made out to "U.S. Department of Homeland Security" for \$290.
- Brief letter explaining the change in status request
- A completed I-539 form (Application to Extend/Change Nonimmigrant Status).
  - List the OISS address as your current mailing address: c/o OISS
    Mail #5014, 2115 Summit Ave
    St. Paul, MN 55105-1096
- Copy of F-2 I-20, I-94, passport and visa of dependents.
- Proof of financial support (\$6,000/year for first dependent and \$3,000/year for each subsequent dependent)
- Copies of passport, visa and copy of I-94 and I-20 of principal F-1 student.
- Proof of family relationship to the F-1 student (marriage/birth certificate)

## **Restrictions:**

- 1. F-2 dependents cannot work while in the U.S. As of May 29<sup>th</sup>, 2015, F-2's can study part-time at a SEVIS approved school.
- 2. J-2 dependents are eligible to apply for work authorization and may also enroll in an educational program

# FLIP OVER TO BACK PAGE TO FILL OUT INFORMATION

# 1. To be completed by student: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

St. ThomasID#:	Email:	
2. Dependent Information:		
Last Name	First Name	(as written on passport)
Date of Birth (mm/dd/yy)	Country of Birth:	
Country of Citizenship:		
Relationship (circle one): Wife / Hu	sband / Son / Daughter	
Last Name	First Name	(as written on passport)
Date of Birth (mm/dd/yy)	Country of Birth:	
Country of Citizenship:		
Relationship (circle one): Wife / Hu	sband / Son / Daughter	
Last Name	First Name	(as written on passport)
Date of Birth (mm/dd/yy)	Country of Birth:	
Country of Citizenship:		
Relationship (circle one): Wife / Hu	sband / Son / Daughter	
Last Name	First Name	(as written on passport)
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