The University of Texas M. D. Anderson Cancer Center

DEPENDENT BIODATA INFORMATION REQUEST FOR FORM IAP-66, CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS, (J VISA), SPONSORED BY THE UNIVERSITY OF TEXAS

Please complete the following information on each member of your family who will enter the U.S. as J-2 dependents. NOTE: You are required to have an additional total amount of \$1,000 (per year, per dependent) in U.S. currency for each family member accompanying you to the United States on J-2 status. Accordingly, please indicate the total amount and source of support you will provide your family.

If your dependents are currently in the U.S. on the J-1 or J-2 status, please provide copies of all INS documents issued since entry into the U.S.

If your dependents have been previously in the U.S. on J-1 or J-2 status, please attach to this form a chronological listing of previous Exchange Visitor training including beginning date, departure date, status (e.g., researcher, student, J-2 dependent, etc.), program sponsor(s), and name(s) of training institution(s).

PLEASE PRINT OR TYPE

SPOUSE

Name:		
	First Name	Middle Name
Date of Birth:		
mo/day/yr	City	Country
Nationality:		
CHILDREN		
Name:		
Last (Family) Name	First Name	Middle Name
] Son [] Daughter		
Date of Birth:		
mo/day/yr	City	Country
Nationality:		
Name:		
Last (Family) Name	First Name	Middle Name
] Son [] Daughter		
Date of Birth:		
mo/day/yr	City	Country
Nationality:		

Name:	x		
	Last (Family) Name	First Name	Middle Name
[]Son []I	Daughter		
Date of Birth: _		Place of Birth:	
	mo/day/yr	City	Country
Nationality:			
Name:			
	Last (Family) Name	First Name	Middle Name
[]Son []I	Daughter		
Date of Birth: _		Place of Birth:	
	mo/day/yr	City	Country
Nationality:			
Total Amount	of Support: \$	Source Of Support:	
Per Mon			(e.g., personal funds, salary)