

**University of California  
Education Abroad Program – Reciprocal Exchanges  
Accompanying Dependents**

**Dependents:** If you plan to take your spouse and/or children with you to the U.S., complete and submit this form with your *Confirmation of Financial Resources* form. For more information, contact the UOEAP office at [uc-reciprocity@eap.ucop.edu](mailto:uc-reciprocity@eap.ucop.edu).

List below any accompanying dependents:

\_\_\_\_\_  
Dependent's Family Name      Dependent's First Name      Dependent's Middle Name

Dependent's relationship to you:

Spouse     Son     Daughter

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
City and Country of Birth

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Country of Citizenship

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\_\_\_\_\_  
Dependent's Family Name

\_\_\_\_\_  
Dependent's First Name

\_\_\_\_\_  
Dependent's Middle Name

Dependent's relationship to you:

Spouse     Son     Daughter

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
City and Country of Birth

\_\_\_\_\_  
City and Country of Birth

\_\_\_\_\_  
Country of Citizenship

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\_\_\_\_\_  
Dependent's Family Name

\_\_\_\_\_  
Dependent's First Name

\_\_\_\_\_  
Dependent's Middle Name

Dependent's relationship to you:

Spouse     Son     Daughter

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
City and Country of Birth

\_\_\_\_\_  
City and Country of Birth

\_\_\_\_\_  
Country of Citizenship