

REQUEST FOR F-2 OR J-2 DEPENDENT VISA DOCUMENT

Today's Date _____

Email _____

My name is _____
(last name) (first name)

I am a (check one) _____ student _____ professor, research scholar or post doc

I am requesting a (check one) DS-2019 _____ I-20 _____ so that my dependent(s) listed below may come to the U.S.

(1) I have attended the Center's workshop on "Bringing Dependents to the U.S."

(2) I have purchased the required insurance for each dependent I am bringing and have provided proof of alternate insurance coverage if the insurance was not purchased through Rutgers.

(3) I am attaching financial documentation to show that I am able to support my dependent(s) when they arrive. Financial documentation required is:

\$ 30,000 is required for self for J-1 faculty, post docs, and research scholars

\$ 19,000 is required for self for J-1 non-degree students

\$ 45,000 - \$ 56,500 for self for F-1 or J-1 registered students (*amount depends on the student's program*).

Please ask your international student adviser for exact figures and refer to the Proof of Financial Support form available on the Center's website.

\$ 5,000 is required for a spouse _____ (check if bringing spouse)

\$ 3,750 for each child _____ (note number of children you are bringing)

(4) I am paying now or have already previously paid the one-time SEVIS Administration Fee for this same dependent while in the same F-1 or J-1 program I am in at this time. (The fee is \$50 for a spouse and \$25 for each child.)

Note: Funding must be sufficient to cover *all* visa dependents in the U.S., and all dependents must have required insurance coverage. Therefore, if you already have one or more visa dependents in the U.S., you will need to show proof of funding and insurance coverage for them as well.

Information on the dependent(s) for which I am requesting a Form I-20 or DS-2019 (*please print clearly*):

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>RELATIONSHIP</u>	<u>GENDER</u>	<u>CITIZENSHIP</u>	<u>CITY & COUNTRY OF BIRTH</u>	<u>DATE OF BIRTH</u>
(As they appear in Passport)						(month/day/year)

If any of the above named dependent(s) have legal permanent residence in a country other than their country of citizenship, please make a note of this on this form.

FOR ADVISER USE ONLY
(1) _____ (workshop/*init.*)
(2) _____ (insurance/*init.*)
(3) _____ (funding/*init.*)

FOR OFFICE USE ONLY
(4) _____ (SEVIS Admin. Fee/ *init.*)
\$ _____ total paid now for dependent(s) named on this form OR
\$ _____ total verified paid previously for same dependent(s), same program