



REQUEST FOR F-2 OR J-2 DEPENDENT

NAME: _____ DATE: _____
RU ID: _____ SEVIS #: _____
EMAIL: _____ PHONE #: _____

I wish to request to DS-2019 Form or an I-20 Form so that my dependent(s) listed below may come to the United States.

- (1) You must provide financial documentation to show that you are able to support your dependent(s) when they arrive.
Financial documentation required is
 - \$5,000 for a spouse ____ (Check if bring spouse)
 - \$3,500 for a child ____ (indicate number of children)
- (2) You must purchase health insurance for each dependent or show proof that you already have insurance, which will cover them. To purchase insurance please contact Eirinn Jones, Insurance and Accounting Coordinator, at (732) 932-7015 or at Eljones@rci.rutgers.edu. If you have an assistantship which provides you with health insurance, please obtain a memo from your department confirming that your dependent(s) will be covered.
- (3) You must meet with International Student Advisor. Please call (973) 353-1427 for an appointment.

Note: Financial documentation must be sufficient to cover all dependents in the U.S., and all dependents must have required coverage. Therefore, if you already have one or more dependents in the U.S., you will need to show proof of funding and insurance coverage for them as well. Dependent DS-2019/I-10 Forms will not be issued if proof of health insurance is not provided.

My Dependent(s) Name(s)

DEPENDENT 1

Last Name: _____ First Name: _____ Relationship: _____
Country of Citizenship: _____ Country of Birth: _____ Date of Birth: _____

DEPENDENT 2

Last Name: _____ First Name: _____ Relationship: _____
Country of Citizenship: _____ Country of Birth: _____ Date of Birth: _____

DEPENDENT 3

Last Name: _____ First Name: _____ Relationship: _____
Country of Citizenship: _____ Country of Birth: _____ Date of Birth: _____

<u>FOR OFFICE USE ONLY</u>		
_____ ADVISOR _____	FUNDING _____	HEALTH INSURANCE _____



RUTGERS
NEWARK

International Student & Scholar Services

175 University Avenue, Conklin Hall, Room 120

Newark, New Jersey 07102

973-353-1427 (ph) ~ 973-353-5852 (fax)

oiiss@andromeda.rutgers.edu

oiiss.rutgers.edu

**Deposit Form for Rutgers SEVIS Administration Fee
J-2/F-2 Dependents on Rutgers' Visa Sponsorship**

To be submitted to the Cashier, Blumenthal Hall, 3rd Floor, University Ave. Newark, NJ 07102

Name of Student/Scholar: _____
(Last) (First)

SEVIS ID Number: _____

RUID: _____ Phone: _____

OISS SEVIS Account # 288631-8810

The amount of the deposit was calculated as follows (complete as appropriate):

For J-2/F-2 Spouse: \$50 one-time fee = \$ _____

Spouse's Name: _____
(Last) (First)

For J-2/F-2 Child: \$25 one-time fee x number of children _____ = \$ _____

Child's Name: _____
(Last) (First)

Child's Name: _____
(Last) (First)

Child's Name: _____
(Last) (First)

TOTAL Amount Deposited: = \$ _____

CASH OR CHECKS ONLY
*** RECEIPT of payment MUST be returned to OISS ***