International Student & Scholar Services(OISS)

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**REQUEST FOR FORM I-20/DS-2019 FOR F-2/J-2 DEPENDENT(S)**

STUDENT/SCHOLAR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RUID ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VISA STATUS: € F1 Student € J1 Degree Student € J1 Non-degree Student € J1 Scholar/Professor

SEVIS ID: N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I wish to request Form I-20 or DS-2019 for my dependent(s) listed below to enter the United States in F-2 or J-2 Status. Attached are the following documents needed for my request:**

(1) Marriage Certificate (MUST be translated in ENGLISH)

(2) Copy of passport personal identification page of dependent(s)

(3) Financial documentation to prove sufficient funding to cover living expenses for all my dependents to stay in

 the U.S. : $5,000 for spouse \_\_\_\_ (Check if bring spouse)
 + $3,500 for one child x \_\_\_\_ (number of children)

 = Total $\_\_\_\_\_\_\_\_\_

(4) Proof of health insurance for each dependent.
 *(Note: Dependent(s) of a J1 Scholar/Professor or J1 Non-degree Student must purchase health insurance for*

 *the entire duration of DS-2019; dependent(s) of an F1/J1 Degree Student must show proof of coverage every*

 *semester. See “Health Insurance” on OISS website at www. oiss.rutgers.edu for coverage requirement and*

 *cost. To purchase Rutgers insurance, please contact* ***Eirinn Jones,*** *International Health Insurance Coordinator*

 *by email at* ***eljones@global.rutgers.edu****. If you have an assistantship that provides you with health*

 *insurance, please obtain a memo from Human Resource Associate, Irma Mendoza, confirming that your*

 *dependent(s) will be covered by employee health benefits. Dependent I-20/DS-2019 will not be issued if proof*

 *of health insurance is not provided.)*

(5) Check or Money order payable to Rutgers University for the one time SEVIS Administrative fee payment of $50.00 for spouse and $25 for each child

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more dependents, attach separate sheet