Office of International Student & Scholar Services (OISS)

 175 University Avenue, Conklin Hall, Room 216

 Newark, New Jersey 07102

 Tel: 973-353-1427

 <https://myrun.newark.rutgers.edu/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: € F-1 Student € J-1 Degree Student € J-1 Non-degree Student € J-1 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 bringing spouse)
 + $3,500 for one child x \_\_\_\_ (number of children)

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

(4) Proof of health insurance for each dependent.
*Note: Dependent(s) of a J-1 Scholar/Professor or J-1 Non-degree Student must purchase health insurance for*

*the entire duration of DS-2019; dependent(s) of an F-1/J-1 Degree Student must show proof of coverage every*

*semester. See “Health Insurance” on OISS website 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 or position that provides you with health insurance, please ask your hiring department to sign Page 2 of this form, confirming your employment and indicating that your dependent(s) will be covered by employee health benefits. Submit your signed form to Eirinn Jones by email and she will then notify OISS of her approval also by email. 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 $25.00 for each child

**My Dependent(s) Name(s) (**For more dependents, attach separate sheet.)

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**Hiring Department Confirmation of F-1/J-1 Student/Scholar with**

**University Employee Benefits**

***Instructions to******Student/Scholar****: This form must be completed and signed by your hiring department in the event that you have an assistantship or position which provides you with employee health benefits. Please submit your signed form to Eirinn Jones, International Health Insurance Coordinator, by email at* *eljones@global.rutgers.edu* *and she will then notify OISS of her approval also by email for OISS to issue your Dependent(s) I-20/DS-2019.*

***Instructions to Hiring Department****: The student/scholar named below is requesting a Form I-20 or DS-2019 for his/her dependent(s) to enter the United States in F-2 or J-2 status. By law and Rutgers policy, his/her dependent(s) must carry health insurance. Please complete and sign this form to confirm that he/she is provided University employee benefits for his/her Assistantship or position.*

Today’s date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

I confirm that the student/scholar named below is currently employed by our department. His/her dependent(s) will be eligible for health insurance benefits upon entry into the United States. He/She understands that he/she will need to enroll his/her dependent(s) into the health insurance plan in order for his/her dependent(s) to be insured.

Student’s/Scholar’s Name: \_\_ \_\_\_\_\_\_\_\_\_\_

RUID (Degree student only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Scholar current Insurance Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position at Rutgers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Where Student/Scholar is employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: RBS SASN SCJ SPAA LAW School Other Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Signer Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_