



LILLIAN AND EMANUEL SLUTZKER CENTER
FOR INTERNATIONAL SERVICES
DIVISION OF STUDENT AFFAIRS
310 Walnut Place | Syracuse, New York 13244-2380
TEL: 315-443-2457 | FAX: 315-443-3091
EMAIL: LESCIS@SYR.EDU
<http://international.syr.edu>

DEPENDENT REQUEST SU F-1/J-1

INFORMATION OF STUDENT/SCHOLAR MAKING REQUEST:

LAST NAME: _____	FIRST NAME: _____	
LOCAL ADDRESS: _____		
TELEPHONE: _____	EMAIL: _____@syr.edu	VISA STATUS: F-1 J-1
I-94 NUMBER: _____		

INSTRUCTIONS

Dependents seeking entry/reentry to the United States: Use this form to invite dependents (spouse or children only) to join you in the U.S. To invite other relatives or friends, use the form "Invitation Letter Request" on our website at http://international.syr.edu/form_invitation_letter_request.htm.

1. **Read and complete this form.**
2. **Complete the Financial Worksheet on the third page.**

In addition to the cost of living while your dependent stays in the U.S., you must also assume financial responsibility for the purchase of health insurance and the return travel of your family to your home country.

3. **Health Insurance Documentation:**

F-1 Visa holders: The Slutzker Center requires that all international students and their dependents be covered by health insurance. Your family must obtain health insurance prior to or within 30 days after arrival. If you have a graduate assistantship and have purchased health insurance through the Office of Human Resources, you must update your coverage to include your dependents as well as purchase additional supplemental medical evacuation and repatriation coverage for \$24/person/year (rate as of October 2006) through the Slutzker Center. Understand that if your spouse and/or children are not covered by health insurance during their stay in the U.S., the Slutzker Center cannot assist you in finding financial resources for medical treatment in the event of illness, injury, or pregnancy.

J-1 Visa Holders: The U.S. Department of State specifies these requirements. Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14].

Medical benefits of at least \$50,000 per accident or illness

Repatriation of remains in the amount of \$7,500

Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000

A deductible not to exceed \$500 per accident or illness

Sponsors are to require that their participants (and any dependents entering the U.S. as holders of a J-2 visa) have insurance in effect during the period of time they are in the sponsor's program. An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country. For other options, see [22 CFR 62.14].

4. **Drop off the following documents at the Slutzker Center for review:**

- Dependent request form and financial worksheet (pg 1-3)
- A photocopy of your financial document (i.e. bank statement; assistantship award letter)
- A photocopy of your health insurance proof (It must be valid until the end of the current academic year, August 2007 unless you are going to graduate in May or June, 2007. Your health insurance must include Medical Evacuation and Repatriation coverage. An application form for the coverage is available (\$24/person/year) at the Slutzker Center if you need to purchase it.)

5. **Slutzker Center Advisor will e-mail you upon issuance of your new I-20 or DS-2019 within two weeks of the receipt of your request.**

"I understand the above information and will comply with the above policies regarding financial support and health insurance."

Signature of Student _____

Date _____

F-1 / J-1 Student Name: _____

Student SUID #: _____

Dependent # 1

Last Name on Passport: _____

First Name on Passport: _____

Middle Name on Passport: _____

Date of Birth _____

City of Birth _____

Country of Birth _____

Country of Citizenship _____

Country of Legal Permanent Residence: _____

Gender _____

Relationship _____

Dependent # 2

Last Name on Passport: _____

First Name on Passport: _____

Middle Name on Passport: _____

Date of Birth _____

City of Birth _____

Country of Birth _____

Country of Citizenship _____

Country of Legal Permanent Residence: _____

Gender _____

Relationship _____

Dependent # 3

Last Name on Passport: _____

First Name on Passport: _____

Middle Name on Passport: _____

Date of Birth _____

City of Birth _____

Country of Birth _____

Country of Citizenship _____

Country of Legal Permanent Residence: _____

Gender _____

Relationship _____

I certify that the above information is correct, and I acknowledge that is my responsibility to notify the Slutzker Center within 10 days of any change in the above information. In addition I verify that I have printed and retained a copy of this form for myself.

Signature

Date



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**Financial
Work Sheet**

SUID: _____ Today's Date: ____/____/____
SEVIS ID: _____ I-20/DS -2019 Expiration: ____/____/____ Passport Expiration ____/____/____
 First name: _____ Middle name: _____ Last name: _____
 Phone number: _____ E-mail address: _____ @syr.edu
 Date of Birth: ____/____/____ Male Female Country of Citizenship _____
 Current Program of Study: _____ Current Level: Bachelors Masters PhD Other

**You must show the following amount or more to the Slutzker Center.
 You may use a bank statement or support letter from your financial sponsor.**

Estimated Tuition ¹ (see below):	\$	x	(a)	=
Estimated Fees:	\$ 350 per semester for grads/\$ 500 per semester for undergrads =			
Estimated Living Expenses (see below):	\$	x	_____ months	(b) =
Estimated Dependent Costs (see below):	\$	x	(b)	=
TOTAL	\$			

NOTE:
 (a) = # of credits remaining to complete your degree after the current semester times tuition cost; **if 0 credit, enter \$38 (SU Student) or \$0 (SUNY-ESF) in the tuition section instead of (\$ x (a))**
 (b) = 12 months unless applying for an extension (for extension use the # of months between your current I-20 program end date and your new program end date after extension)

SU Undergrad
 Tuition: \$1464/cd (first 11 cd), \$16815/sem (12-19 cd), \$1012/cd (20 or more cd)
 Living expenses: \$1238/month

SU Grad
 General Tuition = \$ 1117/credit hour OR \$ 26808/year
Living Expenses = \$ 10900/year (or \$ 909/month)
 **SU Law students must contact SCIS for their tuition amounts.

Estimated Dependent Costs:

	Non-Assistants	TA/GA/RA
Spouse OR Child Only	\$ 8330	\$ 7405
Spouse + 1 child	\$ 12507	\$ 10723
Spouse + 2 children	\$ 17839	\$ 13448
Spouse + 3 children	\$ 20564	\$ 16173

NOTE: ¹ The figures for Tuition and Fees listed above are for the current academic year. The University reserves the right to increase tuition and fees.

SCIS Advisor use only:

I-20 Request I-20 extension Dependent request Financial Update

Initials of SCIS Advisor: _____ NOTES: _____

Case notes written: _____

Entered into PeopleSoft: _____

Documentation scanned into On Base: _____