



## SYRACUSE UNIVERSITY

LILLIAN AND EMANUEL SLUTZKER CENTER FOR INTERNATIONAL SERVICES

310 Walnut Place | Syracuse, New York 13244-2380

TEL: 315-443-2457 | FAX: 315-443-3091 | EMAIL: [LESCIS@SYR.EDU](mailto:LESCIS@SYR.EDU)

<http://international.syr.edu/>

## F2/J2 Dependent Request Form

### INFORMATION OF STUDENT/SCHOLAR MAKING THE REQUEST

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEVIS#: \_\_\_\_\_ SUID#: \_\_\_\_\_

VISA STATUS:  F1  J1 COUNTRY OF CITIZENSHIP: \_\_\_\_\_

### INSTRUCTIONS

Use this form to request I-20 or DS-2019 forms for your dependents (spouse and children only) to join you in the United States as F-2 or J-2 dependents. To invite other relatives or friends, use the "Invitation Letter Request" form on our website at <http://international.syr.edu/new-students/life-in-syracuse/dependents/invitation-letter.html>

1. **Please read and complete the Dependent Request Form (pages 1-3).**
2. **Complete the Financial Worksheet (page 4).**

In addition to your dependents, cost of living expenses 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 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-I" 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].



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## F2/J2 Dependent Request Form

#### 4. Please bring the following documents to Slutzker Center for review:

Dependent Request Form and Financial Worksheet (pages 1-4)

Proof of financial support (see page 1 and Financial Worksheet)

Proof of health insurance (valid until the end of the current academic year, unless you are going to graduate in May or June of this year). Your health insurance must include Medical Evacuation and Repatriation coverage. An application form for the coverage is available at the Slutzker Center if you need to purchase it, or online at <http://international.syr.edu/new-students/health-insurance/>

Copy of the passport identity and validity page(s) of your dependent(s).

#### 5. A Slutzker Center advisor will contact you upon issuance of I-20 or DS-2019 forms prepared for your dependents.

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

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Student's/Scholar's Signature

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Date



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# F2/J2 Dependent Request Form

## Dependent Information

### 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:  Male  Female

Relationship:  Spouse  Child

### 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:  Male  Female

Relationship:  Child

### 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:  Male  Female

Relationship:  Child

I certify that the above information is true and correct, and I acknowledge that it is my responsibility to notify the Slutzker Center for International Services within 10 days of any change in the above information.

\_\_\_\_\_  
Student's/Scholar's Signature

\_\_\_\_\_  
Date



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## Financial Worksheet

SUID: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

**You must provide proof of sufficient financial support to cover your tuition, fees, living expenses and if applicable, the expenses of your dependents.**

**Based on the estimated expenses below, my expenses for the next academic year will be:**

Tuition: \_\_\_\_\_

Living Expenses: \_\_\_\_\_

Dependent Expenses: \_\_\_\_\_

**I will pay for my tuition, fees, living expenses and the expenses of my dependents (if any) with:**

- Personal Funds
- Family Funds
- Funds from Syracuse University
- Funds from another source (specify) \_\_\_\_\_

**I am submitting the following documents as proof of financial support for my expenses:**

- Bank Statements
- Support letters from my financial sponsor and proof of their ability to provide funding
- Scholarship and/or assistantship award letters

### Estimated Expenses for the 2016-2017 academic year

	Undergraduate Students	Graduate Students	Law School Students
<b>Tuition &amp; Fees</b>	\$46,022 per year	\$34,632 per year (\$1,443/credit hour) Fees vary for individual programs	\$48,552 per year
<b>Living Expenses</b>	\$23,920 per year	\$14,780 per year	\$20,258 per year
<b>Total</b>	\$69,942 per year	\$49,412 plus fees per year	\$68,810 per year

### Dependents

Dependents	No SU Assistantship	SU Assistantship
Spouse or child only	\$9,620	\$8,939
Spouse and 1 child	\$15,545	\$15,930
Spouse and 2 children	\$21,470	\$19,625
Spouse and 3 children	\$25,165	\$22,669