



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
<http://international.syr.edu>

**DEPENDENT
REQUEST
SU F1/J1**

INFORMATION OF STUDENT/SCHOLAR MAKING THE REQUEST:

LAST NAME : FIRST NAME:
LOCAL ADDRESS:
TELEPHONE: EMAIL:
SEVIS #: SUID #:
VISA STATUS: F-1 J-1 COUNTRY OF CITIZENSHIP:

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. Please 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 \$26.50/person/year 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].

**Please note: F-2 dependents cannot work in the U.S.

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

Dependent request form and financial worksheet (pg 1-4)

Evidence (and photocopies) of your ability to provide financial support for all your dependent(s) (i.e. bank statement issued within the past 60 days, assistantship award letter, and or affidavit of support from your family).

A photocopy of your health insurance proof (it must be 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 (\$26.50/person/year) at the Slutzker Center if you need to purchase it, or online at http://international.syr.edu/health_insurance.htm

Copy of the passport of your dependent(s).

5. Slutzker Center Advisor will e-mail you upon issuance of your new I-20 or DS-2019 within 5 to 10 business days of the receipt of your request.

**I-20 will not be issued until you set up an appointment to meet with an advisor at the SCIS, lescis@syr.edu, (315) 443-2457

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

Student's Signature

Date

F-1 / J-1 Student Name:

Student SUID #:

S9J-G#:

Dependent # 1

Last Name on Passport:

First Name on Passport:

Middle Name on Passport:

Date of Birth (MM/DD/YYYY)

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 (MM/DD/YYYY)

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 (MM/DD/YYYY)

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 is my responsibility to notify the Slutzker Center for International Services 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 my own record.

Student's Signature

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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 evidence of sufficient financial support to cover your tuition and living expenses for you and all your dependents. Please complete the worksheet below and submit proof of sufficient funds (i.e. bank statement issued within the past 60 days, assistantship award letter, and / or affidavit of support with proof of funding from your family.)

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: \$1,580/per credit hour or \$19,334/per semester (12-19 credits) or \$38,667/per year
 Living expenses: \$18,024/per year (or \$1,502/per month)

SU Grad

General Tuition = \$ 1,206/per credit hour OR \$ 28,944/per year
 Living Expenses = \$ 11,455/per year (or \$ 955/per month)
 **SU Law students must contact SCIS for their tuition amounts.

Estimated Dependent Costs:

	Non-Assistants	TA/GA/RA
Spouse OR Child Only	\$ 9165	\$ 8065
Spouse + 1 child	\$ 13761	\$ 11752
Spouse + 2 children	\$ 18356	\$ 14616
Spouse + 3 children	\$ 21220	\$ 17480

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.

