

I-20/DS-2019 Request for Dependent F-2/J-2 Visa

The ISS staff will provide I-20s/DS-2019s for dependents (spouse or unmarried children under 21) of F-1 or J-1 students or scholars applying for F-2/J-2 visas at a U.S. embassy or consulate abroad. The following information is required for these documents to be issued.

SUBMITTING YOUR REQUEST

Upon completion of this form, please save the form as a PDF and attach it to an email to iss@rit.edu. Along with this form, please attach the following to the email:

1. Proof of financial support. Proof of funding can be a combination of personal/family liquid funds with institutional funds (e.g. RIT support, home university, government grant, etc.).
2. Passport photo identification page for each dependent.
3. If you are requesting I-20s/DS-2019s for more than 4 dependents, please submit an additional form.

After submission of all materials, ISS will contact you if any further information is needed to process your request. Please note that incomplete requests cannot be processed.

For F-1 visa holders, you will receive an email with the I-20 attached. You will need to send your dependent(s) the I-20s, preferably through a traceable service such as FedEx.

For J-1 visa holders, you will receive an email with the DS-2019 attached. You will need to send your dependent(s) the DS-2019s, preferably through a traceable service such as FedEx.

SECTION 1: ADDITIONAL REQUIREMENTS

Financial Support

Beyond your own financial minimum, you must show financial support for each accompanying family member for the entire time expected to complete your program. Proof of funding can be a combination of personal/family liquid funds with institutional funds (e.g. RIT salary, home university, government grant, etc.).

F/J students:

First dependent: \$16,142/year

Each subsequent dependent: \$8,071/year

J professors, research scholars, short-term scholars:

First dependent: \$1,735/month

Each subsequent dependent: \$958/month

Insurance

F-2 dependents: All F-2 family members should be covered by medical insurance while they are in the U.S.

J-2 dependents: All J-2 dependents are required by J regulations to have health insurance to meet the J insurance requirements:

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.

Please save this form to your device and send it as an email attachment (with the items listed in the instructions) to iss@rit.edu. You may also print, fill, and scan the form to iss@rit.edu.
Questions? Contact ISS at 585-475-6943 or iss@rit.edu.

SECTION 2: BIOGRAPHIC INFORMATION

Please complete this information EXACTLY as it appears in the passport.

Information about you (F-1/J-1)

Last name: _____ First name: _____ UID: _____

Telephone number: _____ Email: _____

Information about dependent #1 (spouse first, if applicable)

Last name: _____ First name: _____ Sex: Male Female

Date of birth (month/date/year): _____ Country of birth: _____

City of birth: _____ Country of citizenship: _____

Country of legal permanent residence: _____ Email _____

Anticipated dates dependent #1 will be in the US with you: from _____ to _____

Information about dependent #2

Last name: _____ First name: _____ Sex: Male Female

Date of birth (month/date/year): _____ Country of birth: _____

City of birth: _____ Country of citizenship: _____

Country of legal permanent residence: _____ Email _____

Anticipated dates dependent #2 will be in the US with you: from _____ to _____

Information about dependent #3

Last name: _____ First name: _____ Sex: Male Female

Date of birth (month/date/year): _____ Country of birth: _____

City of birth: _____ Country of citizenship: _____

Country of legal permanent residence: _____ Email _____

Anticipated dates dependent #3 will be in the US with you: from _____ to _____

Information about dependent #4

Last name: _____ First name: _____ Sex: Male Female

Date of birth (month/date/year): _____ Country of birth: _____

City of birth: _____ Country of citizenship: _____

Country of legal permanent residence: _____ Email _____

Anticipated dates dependent #4 will be in the US with you: from _____ to _____