

## 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 click on the "Submit" button at the bottom of the second page. This action will open up an email to [iss@rit.edu](mailto: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 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, please allow 2-3 business days for processing. ISS will contact you if any further information is needed to process your request, but please note that incomplete requests cannot be processed.

You will receive an email notifying you when I-20/DS-2019 form(s) are ready to be picked up in ISS. You will need to send your dependent(s) the I-20s/DS-2019s, preferably through a trackable service such as FedEx.

Questions? Contact ISS at 585-475-6943 or [iss@rit.edu](mailto:iss@rit.edu)

### **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 funds with institutional funds (e.g. RIT salary, home university, government grant, etc.).

#### **F/J students:**

First dependent: \$13,976/year

Each subsequent dependent: \$6,988/year

#### **J professors, research scholars, short-term scholars:**

First dependent: \$1,553/month

Each subsequent dependent: \$777/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.

If you have any difficulty submitting the form on the next page online, please save it to your desktop and send it as an email attachment (with the items listed in the instructions) to [iss@rit.edu](mailto:iss@rit.edu). You may also print, fill, and scan the form to [iss@rit.edu](mailto: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 \_\_\_\_\_