

DEPENDENT REQUEST FORM

Please read and sign below:

1. Submit original marriage certificate, *translated into English*, to our office.
2. Submit verification of sufficient financial resources to cover your studies, (e.g., bank statements, assistantship) plus a minimum of \$3,600.00 for spouse and \$2000.00 for each child.
3. **F-2 visa holders cannot earn any wages under any circumstances.** J-2 visa holders may work only *after* INS has granted permission. By signing below the student assumes full responsibility for the financial support and health and accident insurance coverage of the dependent (s) for the duration of their stay at the University of Rhode Island.

Signature: _____ **Date** _____

SECTION A: Information about the person requesting the dependents:

Last name _____	First name _____	SEVIS # _____
Source of funding _____	E-mail _____	

SECTION B: Provide information about your dependents below:

Spouse's last name _____	First name _____	Date of birth _____
City of birth _____	Country of birth _____	
Country of citizenship _____	Sex: <input type="checkbox"/> F	<input type="checkbox"/> M
E-mail _____		

Child's last name _____	First name _____	Date of birth _____
City of birth _____	Country of birth _____	
Country of citizenship _____	Sex: <input type="checkbox"/> F	<input type="checkbox"/> M

Child's last name _____	First name _____	Date of birth _____
City of birth _____	Country of birth _____	
Country of citizenship _____	Sex: <input type="checkbox"/> F	<input type="checkbox"/> M

Child's last name _____	First name _____	Date of birth _____
City of birth _____	Country of birth _____	
Country of citizenship _____	Sex: <input type="checkbox"/> F	<input type="checkbox"/> M