

Visa Request Form for Dependents

Today's Date: _____ Date of Birth: _____

Family/Last Name: _____ First/Given Name: _____

Local Address: _____ Foreign Address: _____

E-mail Address: _____ Phone: _____

Status (check one): Masters Ph.D. Undergraduate ELI VS

Department: _____

Anticipated date of graduation: _____

Funding ** (Personal, family funds, T.A., etc.): _____

** If you are a graduate student on contract with the U of D (teaching assistant, research assistant, etc.), you must provide a letter from your Department stating the amount of funding you will receive for the coming academic year. As this amount appears on the I-20 or DS-2019 form, it will not be prepared until the Office for International Students & Scholars (OISS) has received the information. If you are not funded, a personal bank statement is required. You need to show \$3000 per dependent.

Is (are) the dependent(s) in the U.S.A? If yes, what's their visa status: _____

If not, what's the arrival Date of Dependent(s): _____

Dependent/s Information:

Last Name:	First Name:	Date of Birth (mm/dd/yyyy)	City & Country of Birth:	Citizenship:	Relationship:

I certify that I have medical insurance coverage, and that I will obtain additional medical insurance for my dependent(s) to insure they are covered for the entire period they are in the U.S. I understand that my dependents will not be covered until I purchase insurance for them, and costs incurred for any incidents that occur while my dependent is uninsured are my personal responsibility.

Signature: _____ Date: _____