



# Rensselaer

## F-2 I-20 Request Form

Name: \_\_\_\_\_

RIN (Rensselaer ID Number): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office or lab: \_\_\_\_\_

Degree Pursuing: Level: \_\_\_\_\_ Major: \_\_\_\_\_

### Please Choose One:

(See reverse side for family information)

\_\_\_\_\_ My spouse and/or children are here in the United States and would like to travel without me.

\_\_\_\_\_ I would like my spouse and/or children to join me here in the United States.

### Certification of Finances:

I certify that I have sufficient funds to support my family and to pay health insurance for all members of my family.

Required Amounts: Spouse: \$6,500.00  
Each Child: \$2,850.00

**BANK STATEMENTS FOR THE  
PAST 3 MONTHS REQUIRED**

### Source:

### Amount:

- ( ) Rensselaer (attach award letter) \_\_\_\_\_
- ( ) Personal funds of the student \_\_\_\_\_
- ( ) Family Funds from abroad \_\_\_\_\_
- ( ) Other organization \_\_\_\_\_

I understand that my spouse will not be able to work in the United States.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please give the following information about your family. Attach a separate sheet of paper if necessary.**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**I certify that the above information is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_