Dependent Request Form

Student/Scholar’s Name: ____________________________________________

RIN (Rensselaer ID Number): ____________________ RPI E-Mail: _______________

Local Address: _______________________________________________________

Phone: Home: ________________ Phone: Office or lab: ______________________

Address in Home Country: ___________________________________________________________________

Students: Degree Pursuing: ______________ Major: _________________________

Please Choose One: (See reverse side for family information)

_______ My spouse/children are here in the U.S. and would like to travel without me.

_______ I would like my spouse and/or children to join me here in the U.S.

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: $8,000.00  BANK STATEMENTS FOR THE
Each Child: $4,000.00  PAST 3 MONTHS REQUIRED

Source:  Amount:
( ) Rensselaer (attach award letter) ____________________________
( ) Personal funds of the student _______________________________
( ) Family Funds from abroad ________________________________
( ) Other organization _______________________________________

I certify that the above information is true and correct.

Signature: ___________________________ Date: _______________________

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Please give the following information about your family. Attach a separate sheet of paper if more room is needed.

1. Dependent’s Name: _______________________________________________________
   (Family)  (First)  (Middle)
   Relationship: ___________  Date of Birth: (Month/Day/Year) ________________
   City and Country of Birth: ______________________, ______________________
   Country of Citizenship: _________________________________________________
   Country of Legal Permanent Residency:____________________________________

2. Dependent’s Name: _______________________________________________________
   (Family)  (First)  (Middle)
   Relationship: ___________  Date of Birth: (Month/Day/Year) ________________
   City and Country of Birth: ______________________, ______________________
   Country of Citizenship: _________________________________________________
   Country of Legal Permanent Residency:____________________________________

3. Dependent’s Name: _______________________________________________________
   (Family)  (First)  (Middle)
   Relationship: ___________  Date of Birth: (Month/Day/Year) ________________
   City and Country of Birth: ______________________, ______________________
   Country of Citizenship: _________________________________________________
   Country of Legal Permanent Residency:____________________________________

4. Dependent’s Name: _______________________________________________________
   (Family)  (First)  (Middle)
   Relationship: ___________  Date of Birth: (Month/Day/Year) ________________
   City and Country of Birth: ______________________, ______________________
   Country of Citizenship: _________________________________________________
   Country of Legal Permanent Residency:____________________________________