

Dependent Information Form

If any dependents will accompany you to the United States, please complete the following information and submit to the appropriate office listed below. Only your spouse and minor children (under age 21) may be included as dependents.

Please provide a photocopy of a valid passport identification page for each dependent and additional proof of financial support in the amount of US \$10,000 per year per dependent.

For undergraduate students, submit to:

Office of International Admission 100 Hofstra University Hempstead, NY 11549-1000 USA +1-516-463-5100 internationaladmission@hofstra.edu

For graduate students, submit to:

Office of Graduate Admission Room 105 Memorial Hall, 126 Hofstra University Hempstead, NY 11549-1260 USA +1-516-463-4664 graduateinternational@hofstra.edu

PLEASE TYPE OR PRIN	IT CLEARLY.		
Relationship: 🗆 Spouse	e 🗆 Child		
Name in Passport:	Last/Family Name	First/Given Name	Middle Name(s)
	Month/Day/Year		
Country and City of Bir	th:		
Country of Citizenship:			
Relationship: 🗆 Child			
Name in Passport:	Look/Formally Nigrae	Firek/Circan Name a	Adidalla Navasa (a)
Date of Birth:	Last/Family Name Month/Day/Year	First/Given Name —	Middle Name(s)
Country and City of Bir	th:		
Country of Citizenship:			

Please photocopy this form for additional dependents.

FOR OFFICIAL USE ONLY:

CODE: VCRT