

Dependent Information Form

If any dependents will accompany you to the United States, please complete the following information and submit to the 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
+516-463-5100
internationaladmission@hofstra.edu

For graduate students, submit to:

Office of Graduate Admission
+1-516-463-4664
graduateinternational@hofstra.edu

PLEASE TYPE OR PRINT CLEARLY

Relationship: ☐ Spouse ☐ Child

Name in Passport: _____
Last/Family Name First/Given Name Middle Name(s)

Date of Birth: _____
Month/Day/Year

Country and City of Birth: _____

Country of Citizenship: _____

Relationship: ☐ Child

Name in Passport: _____
Last/Family Name First/Given Name Middle Name(s)

Date of Birth: _____
Month/Day/Year

Country and City of Birth: _____

Country of Citizenship: _____

Please photocopy this form for additional dependents.