

Kearney International Center

STATEMENT OF DEPENDENT RESPONSIBILITY FORM

Responsibility Statement for students bringing dependent(s) (spouse and/or children) to Minnesota State University, Mankato

I, _____, from _____
(Print name: Last/Family; First, Middle Name) (Home Country)
Underline Last/Family Name)

Hereby agree to be fully responsible for all additional expenses and personal obligations incurred by have my spouse and/or dependent children with me at Minnesota State University, Mankato. I also agree to purchase health insurance that will cover medical bills for my family.

Attached is verification of financial resources for an additional \$6,500 for my first dependent (my spouse or my first dependent child) and \$3,000 for each additional dependent. These expenses are above the cost of the F-1 or J-1 student’s full-time study at Minnesota State University, Mankato.

Please list all dependents with you plan to have with at Minnesota State University, Mankato:

SPOUSE

_____	_____	_____	_____
<small>(Name of Spouse – Underline Family/Last Name)</small>	<small>(Husband/Wife)</small>	<small>(Date of Birth MM/DD/YR)</small>	<small>(Country of Birth)</small>

CHILDREN

_____	_____	_____	_____
<small>(Name of Child – Underline Family/Last Name)</small>	<small>(Son/Daughter)</small>	<small>(Date of Birth MM/DD/YR)</small>	<small>(Country of Birth)</small>

_____	_____	_____	_____
<small>(Name of Child – Underline Family/Last Name)</small>	<small>(Son/Daughter)</small>	<small>(Date of Birth MM/DD/YR)</small>	<small>(Country of Birth)</small>

_____	_____	_____	_____
<small>(Name of Child – Underline Family/Last Name)</small>	<small>(Son/Daughter)</small>	<small>(Date of Birth MM/DD/YR)</small>	<small>(Country of Birth)</small>

Please submit this form with the following information:

- 1) Copy of marriage certificate
- 2) Copy of passport page for each dependent
- 3) Verification of Financial Resources

Signed: _____

Printed Name: _____

Date: _____