Dependent I-20 Request

***Dependents are defined as a spouse or child(ren) under the age of 21***

To bring spouse/children to the United States, students need to obtain a new Form I-20 for their dependents to apply for F-2 visas at the US embassy or consulate overseas. F-2 visas are only for immediate family members (spouse and children). In order for the International Students and Scholars Office to issue the I-20 for your family, you must show financial support for each accompanying family member for the expected time necessary to complete program. For those who need more than two years to complete program, you need to provide evidence of financial support for two years.

Minimum required support for one year:

For husband and wife: $20,000
For one child: $10,000
Each additional child: $10,000

Proof of funding may either be a bank statement from within the last six months, a letter from your academic department detailing your assistantship or fellowship, or a letter from your sponsor. All family members should be covered by medical insurance while they are here in the United States.

Please fill out the form with your family information EXACTLY as it appears in the passports:

First Name: __________________________ Middle Name: __________________________

Family Name: __________________________________________

Relation to Principal (circle one): wife husband son daughter Date of birth: ______________ (Month, day, year)

City of Birth: __________________________ Country of Birth: __________________________

Country of Citizenship: __________________________ Country of Residence: __________________________

Please fill out the form with your family information EXACTLY as it appears in the passports:

First Name: __________________________ Middle Name: __________________________

Family Name: __________________________________________

Relation to Principal (circle one): wife husband son daughter Date of birth: ______________ (Month, day, year)

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Relation to Principal (circle one): wife husband son daughter Date of birth: ______________ (Month, day, year)

City of Birth: __________________________ Country of Birth: __________________________

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