DEPENDENT (F-2 VISA) APPLICATION

APPLICANT INFORMATION		
Last Name:	First Name:	
Date of Birth: (month/day/year)	Gender: Male Female	Citizenship:

Please complete the following information for each dependent that you wish to bring into the United States. If you are a transfer student, complete the information for each dependent that has already been included on your previous I-20.

DEPENDENT	
Last Name:	First Name:
Date of Birth: (month/day/year)	Gender: Male Female
Citizenship:	Country of Birth:
Relation to Student:	
☐ Will apply for an F-2 VISA	☐ Currently has a valid F-2 VISA

DEPENDENT	
Last Name:	First Name:
Date of Birth: (month/day/year)	Gender: Male Female
Citizenship:	Country of Birth:
Relation to Student:	
☐ Will apply for an F-2 VISA	☐ Currently has a valid F-2 VISA

DEPENDENT	
Last Name:	First Name:
Date of Birth: (month/day/year)	Gender: Male Female
Citizenship:	Country of Birth:
Relation to Student:	
☐ Will apply for an F-2 VISA	☐ Currently has a valid F-2 VISA

Required Documents

- Completed request form
- Copy of each dependent's passport page showing picture, biographical information, and expiration date
- Show marriage certificate (for a spouse request)
- Show birth certificate (for a child request under 21 years of age)
- The amount of $115.00 per dependent per week must be added to the bank letter to show sufficient funds to cover general living expenses.