

REQUEST FOR AN F-2 DEPENDENT I-20

F-1 STUDENT				
First Name	Last Name		Monroe ID) #
Physical Address in the U.S. (B	uilding number, street name, ap	artment/floor/suite nur	mber, city, stat	e, and zip)
Email Address	U.S. C	Cell Phone Number		
Academic Program (check one): Certificate	○ Associate) Bachelor	○ Master's
SEVIS ID Number (top left corn	er of I-20): N			
F-2 DEPENDENT				
First Name	Last N	lame		
Date of Birth: Month	Day Year			
Country of Birth:				
Country of Citizenship:				
Gender:	ale			
Relation: Spouse O	Child			
F-2 DEPENDENT REQUIRE	MENTS			
in addition to the F-1 studer	cial sponsorship is required per nt's financial sponsorship. Each	additional dependent		
, , ,	mation page is required for ALL ed for a dependent SPOUSE; a b	·	red for a	
Dependents cannot work or	study full-time in the U.S.			
F-1 STUDENT ACKNOWLE	DGEMENT			
I have read and understand the	F-2 Dependent Requirements	s listed above.		
F-1 Student Signature			Date	

Please repeat this form for any additional dependents.