Adding Dependent(s) Form



Office of International Affairs

Complete form and return to the Office of International Affairs with I-20 or DS-2019 Request Form.

Student/Scholar Information					
Name:					
	(Family Name)		(First Name)	(Middle	e Name)
Spouse Informati	ion (\$8,400/yr;	\$700/month)			
Name:					
	(Family Name)		(First Name)	(Middle	e Name)
		Date of Birth (MM/DD/YYYY):			
Country of Birth:		Country of Citizenship:			
Dependent 2 Inf	ormation (\$3,00	00/yr; \$250/n	nonth)		
Name:					
	-			•	e Name)
		(MM/DD/YYYY): Country of	:	City of Birth: Country of	
Country of Birth:		,			
Dependent 3 Inf	ormation (\$3 N	00/vr·\$250/n	nonthì		
Dependent 5 mi	ormanom (40,00	00/y1, QE00/1	noncii)		
Name:				(c	
6 1		(1414/DD 00000		-	e Name)
Gender: Country of	Date of Birth (MM/DD/YYYY): Country of			Country of	
51.1	Citizenship:				_
Dependent 4 Inf	ormation (\$3,0)	00/yr; \$250/n	nonth)		
N					
Name:	(Family Name)		(First Name)	(Middle	e Name)
Gender:	Date of Birth ((MM/DD/YYYY):		-	
Country of	Country of			Country of	
Birth:		Citizenship: _		Residence: _	
Dependent 5 Inf	ormation (\$3,00	00/yr; \$250/n	nonth)		
Name:					
Nume.	(Family Name)		(First Name)	(Middle	e Name)
Gender:	Date of Birth (MM/DD/YYYY):		City of Birth:	
Country of	Country of		Country of		
Birth:		Citizenship:		Kesidence: _	
Please sign this form o	ertifying that the i	information you	provided is con	rrect as required by LLS	S. immigration regulations