## ADDING DEPENDENT(S) FORM

Complete form and return to IA with I-20 or DS-2019 Request Form.						
				UO ID#	JO ID#	
Family Name	First Name		e	Middle Name		
SPOUSE INFORMA	TION					
Family Name		First Nam	e	Middle Name		
Gender	Date of Birth (MM/DD/YYYY)		City of Birth	Estimated Living Expenses \$6,378 per academic year or \$ 709 per month TOTAL FUNDS REQUIRED \$		
Country of Birth	Country of Citizenship		Country of Permanent Residence			
DEPENDENT 2 INF	ORMATION					
Family Name		First Name		Middle Name		
Gender	Date of Birth (MM/D	(איניערעסערעסער	City of Birth	Estimated Living Expenses \$2,250 per academic year		
Country of Birth	Country of Citizenship		Country of Permanent Residence	or \$ 250 per month TOTAL FUNDS REQUIRED \$		
DEPENDENT 3 INFO	ORMATION					
Family Name		First Nam	e	Middle Name		
Gender	Date of Birth (MM/DD/YYYY)		City of Birth	Estimated Living Expenses \$2,250 per academic year		
Country of Birth	Country of Citizenship		Country of Permanent Residence	or \$ 250 per month TOTAL FUNDS REQUIRED \$		
DEPENDENT 4 INF	ORMATION					
Family Name		First Name		Middle Name		
Gender	Date of Birth (MM/L	(איץ אין פוני	City of Birth	Estimated Living Expenses \$2,250 per academic year		
Country of Birth	Country of Citizensh	nip	Country of Permanent Residence	or \$ 250 per month TOTAL FUNDS REQUIRED \$		
DEPENDENT 5 INF	ORMATION					
Family Name		First Name		Middle Name		
Gender	Date of Birth (MM/D	סייניין (מייניין)	City of Birth	Estimated Living Expenses \$2,250 per academic year		
Country of Birth	Country of Citizenship		Country of Permanent Residence	or \$ 250 per month TOTAL FUNDS REQUIRED \$		
CERTIFICATION: PI			tifying that the information solutions.		l is correct	
Student/Scholar Signature	9				Date	

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