

Adding Dependent(s) Form

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 Name)

Spouse Information (\$8,400/yr; \$700/month)

Name: _____
(Family Name) (First Name) (Middle Name)

Gender: _____ Date of Birth (MM/DD/YYYY): _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____ Country of Residence: _____

Dependent 2 Information (\$3,000/yr; \$250/month)

Name: _____
(Family Name) (First Name) (Middle Name)

Gender: _____ Date of Birth (MM/DD/YYYY): _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____ Country of Residence: _____

Dependent 3 Information (\$3,000/yr; \$250/month)

Name: _____
(Family Name) (First Name) (Middle Name)

Gender: _____ Date of Birth (MM/DD/YYYY): _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____ Country of Residence: _____

Dependent 4 Information (\$3,000/yr; \$250/month)

Name: _____
(Family Name) (First Name) (Middle Name)

Gender: _____ Date of Birth (MM/DD/YYYY): _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____ Country of Residence: _____

Dependent 5 Information (\$3,000/yr; \$250/month)

Name: _____
(Family Name) (First Name) (Middle Name)

Gender: _____ Date of Birth (MM/DD/YYYY): _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____ Country of Residence: _____

Please sign this form certifying that the information you provided is correct as required by U.S. immigration regulations.

Signature: _____ Date: _____