



Dependent I-20 Request Form

To request an I-20 for a dependent spouse and/or child, you must submit this completed *Dependent I-20 Request Form* with the *Financial Worksheet* and proof of financial support equivalent to the estimated yearly expenses for you and your dependent(s) as calculated on the *Financial Worksheet*. Acceptable financial documentation includes current personal/family bank statement or available balance page of your online account information; assistantship letter, scholarship letter, or fellowship letter; a notarized letter from a sponsor (relative or third party) and sponsor's financial bank statement. Please print an additional sheet if you will be requesting more than three dependent I-20's. Please note that in requesting to bring a dependent and with his/her receipt of the F-2 visa, you are agreeing to the condition of having each dependent's status linked to yours for the duration of your program of study.

Primary F-1 Student's Information

Full Name on Passport					
		Last	First	Middle	
SEVIS #	N	SU ID#	Birth Date (mm/dd/yyyy)		
I-20 Start Date		Email		Phone	
I-20 End Date		US Address			

Dependent(s) Information

Full Name on Passport					
		Last	First	Middle	
Date of Birth		City of Birth		Country of Birth	
		Month / Day / Year			
Country of Citizenship		Country of Legal Permanent Residence			
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email	Indicate date of travel (Month /day/ year)

Full Name on Passport					
		Last	First	Middle	
Date of Birth		City of Birth		Country of Birth	
		Month / Day / Year			
Country of Citizenship		Country of Legal Permanent Residence			
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email	Indicate date of travel (Month /day/ year)

Full Name on Passport					
		Last	First	Middle	
Date of Birth		City of Birth		Country of Birth	
		Month / Day / Year			
Country of Citizenship		Country of Legal Permanent Residence			
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Email	Indicate date of travel (Month /day/ year)

Return to the Office of International Education (9 Old Greenhouse) or scan and email to OIE@esf.edu.

Office of International Education Use Only :

Form Received On : _____ I-20 Issued : _____

Adequate Financial Support : Yes No

Dependent Children Under 21 : Yes No