



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 (110 Bray Hall) 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