

Dependent Request: F-1/J-1 Students & Scholars

<u>STUD</u>	ENT INFORMATION										
Last Name:			First Name: SEVIS ID#: Phone #: Major:								
						<u>DEPE1</u>	NDENT INFORMATION				
						Use ad	ditional forms if requesting m	ore than 3 dependent	I-20s		
						1.	Last Name:		First Name:		
	Date of birth (mm/dd/yyyy):		City of Birth:								
	Country of birth:		Country of Citizenship:								
	Gender: □ Male	□ Female	Relationship to you:	\square Spouse	\Box Child						
	Email Address:		_								
	□ Dependent does not have	an email address. Pla	ease use my email address instead	d.							
2.	Last Name:		First Name:								
	Date of birth (mm/dd/yyyy):		City of Birth:								
	Country of birth:		Country of Citizenship:								
	Gender:		Relationship to you:	\square Spouse	□ Child						
	Email Address:										
	☐ Dependent does not have an email address. Pleas		ease use my email address instead	d.							
3.	Last Name:		First Name:	First Name:							
	Date of birth (mm/dd/yyyy):		City of Birth:								
	Country of birth:			Country of Citizenship:							
		□ Female	Relationship to you:		☐ Child						
	Email Address:										

☐ Dependent does not have an email address. Please use my email address instead.