

PURPOSE OF THIS FORM

F-1 students must obtain a Form I-20 for any eligible dependents they plan to bring to the United States (US) to reside with them. Completion of this form is required to add or remove dependents on Form I-20. Eligible dependents will be classified as an F-2 dependent, receive a SEVIS ID, and the Form I-20 identifying them as a legal dependent of the F-1 visa holder.

- **Please remember you must account for an additional \$3000 USD per dependent in addition to the estimated cost of attendance (COA) for an academic year of study.**

NOTE: An eligible dependent is one legal spouse or dependent children (children must be under the age of 21 years old and unmarried). Dependent children within 90-days of their 21st birthday are no longer eligible for F-2 status; if you have any dependents that meet this stipulation, they will be required to depart the US and return to their home country, unless they have filed the required change of status with USCIS. Please contact [ISS](#) for additional guidance.

***F-2 dependents are not authorized to work but may study less than full-time at the post-secondary level.**

REQUIRED EVIDENCE

Please submit the following items as applicable to dependent(s); missing items will delay the issue of the I-20:

- Passport(s) biographical page (must be valid for 6 months or more in the future)
- Marriage license/certificate (spouses only)
- Birth certificates (children only)
- I-94 printout (if they are in the US already)

F-1 STUDENT INFORMATION

First Name: _____ Last Name: _____

SEVIS ID: _____ FL Poly Student ID: _____

F-1 STUDENT CERTIFICATION

My signature below certifies the following individual(s) is/are my legal dependent(s) and will be residing in the US with me while I complete my degree program of study at Florida Polytechnic University. I understand that I must report any changes to my DSO within 10 days of the change and will adhere to SEVP guidelines for [bringing dependents to the US](#).

Student Signature: _____ Date: _____

DEPENDENT CONTACT INFORMATION

Please provide the US contact information for your dependent(s).

US Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____

DEPENDENT INFORMATION

Add the following dependent(s)

Remove the following dependent(s)

Family Name: _____ First Name: _____

City of Birth: _____ Date of Birth: _____

Country of Birth: _____ Gender: Male Female

Country of Citizenship: _____ Dependent Relationship: Spouse Child

Country of Permanent Legal Residence: _____

Family Name: _____ First Name: _____
City of Birth: _____ Date of Birth: _____
Country of Birth: _____ Gender: Male Female
Country of Citizenship: _____ Dependent Relationship: Spouse Child
Country of Permanent Legal Residence: _____

Family Name: _____ First Name: _____
City of Birth: _____ Date of Birth: _____
Country of Birth: _____ Gender: Male Female
Country of Citizenship: _____ Dependent Relationship: Spouse Child
Country of Permanent Legal Residence: _____

Family Name: _____ First Name: _____
City of Birth: _____ Date of Birth: _____
Country of Birth: _____ Gender: Male Female
Country of Citizenship: _____ Dependent Relationship: Spouse Child

Family Name: _____ First Name: _____
City of Birth: _____ Date of Birth: _____
Country of Birth: _____ Gender: Male Female
Country of Citizenship: _____ Dependent Relationship: Spouse Child

Family Name: _____ First Name: _____
City of Birth: _____ Date of Birth: _____
Country of Birth: _____ Gender: Male Female
Country of Citizenship: _____ Dependent Relationship: Spouse Child

Please complete another form if you have more dependents to add or remove.