

## PURPOSE OF THIS FORM

F-1 students who seek to bring their eligible dependents to reside with them while they study in the United States (US) must complete this form to request a dependent I-20. Dependent I-20s are required so they may apply for the F-2 visa. This form may also be submitted to request a dependent I-20 to be cancelled.

- Remember you must account for an additional **\$3000 USD per dependent in your total estimated costs of attendance (COA)** for an academic year of study.

**NOTE:** Eligible dependents are classified as one spouse or dependent children under the age of 21 and unmarried. Dependent children within 90-days of their 21<sup>st</sup> birthday are no longer eligible for F-2 status and must either change their status or depart the US and return to their home country. Please contact [ISS](#) for additional guidance.

## REQUIRED EVIDENCE

**Please submit the following items as applicable to your dependent(s):**

- Passport(s) biographical page (must be valid for 6 months beyond your I-20 program end date)
- Marriage license/certificate (spouse)
- Birth certificates (children)
- 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: \_\_\_\_\_

## F-1 Dependent Request

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.**