

Request for an I-20 for F-2 Dependents

F-2 dependents are defined as a spouse or an unmarried minor child (under 21 years of age) of an F-1 student. To invite your spouse or children to join you here in the U.S., please submit this completed form along with evidence of financial support (bank statement, sponsor letter, etc.) for yourself and your dependent(s). Go to the “Yearly Budgets” at <http://www.k-state.edu/intlstucenter/immigration/index.html> for the amount of money that will be needed. The ISC will prepare a new I-20s for you and your dependents. Once your dependent(s) arrive in the U.S., please bring their travel documents to the ISSS so we can make copies for our files.

Family Name: _____ Given Name: _____

WID #: _____ Email Address: _____

The names **must** be listed **EXACTLY** as they appear in your dependent’s passport.

<p>1. Dependent’s Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p>	<p>2. Dependent’s Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p>
<p>3. Dependent’s Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p>	<p>4. Dependent’s Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p>