

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 "Budgets, Yearly" <http://www.k-state.edu/issc/current/f-1.html> for the amount of money that will be needed. ISSS will prepare a new I-20 for you and your dependent(s). Once your dependent(s) arrive in the U.S., please bring their travel documents to ISSS so we can make copies for our files. Health insurance coverage is not required for dependents of F-1 students, however, it is strongly recommended for all family members due to the high cost of medical care.

Family Name: _____ Given Name: _____

WID #: _____ Email Address: _____ Phone: _____

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>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Date of Birth: _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Email address: _____</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>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Date of Birth: _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Email address: _____</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>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Date of Birth: _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Email address: _____</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>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Date of Birth: _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Email address: _____</p>

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