

REQUEST FOR AN F-2 DEPENDENT I-20

F-1 STUDENT			
First Name	Last Name	_	Monroe ID #
Physical Address in the U.S. (Building nur	nber, street name,	apartment/floor/suite number,	city, state, and zip)
Email Address		U.S. Cell Phone Number	
Academic Program (check one): OELL	Certificate	○ Associate ○ Bachelor	○ Master's
SEVIS ID Number (top left corner of I-20):	: N		
F-2 DEPENDENT			
E			
First Name		Last Name	
Date of Birth: Month Day	Year _		
Country of Birth:			
Country of Citizenship:			
Gender:			
Relation: Spouse Child			
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F-2 DEPENDENT REQUIREMENTS			
 An additional \$7500 of financial spons addition to the F-1 student's financial 			
A passport picture and information pa		•	
A marriage license is required for a dependent CHILD	•	·	а
Dependents cannot work or study full	-time in the U.S.		
F-1 STUDENT ACKNOWLEDGEMEN	Т		
I have read and understand the F-2 Depe	endent Requirem	ents listed above.	
F-1 Student Signature			Date

Please repeat this form for any additional dependents.