



DEPENDENT INFORMATION FORM

Complete **all** fields for each dependent. Please type or print in block capital letters.

Note: Only the spouse and unmarried children under the age of 21 can be dependents of an F-1 student.

Name of the student applying for the I-20: _____

1- Dependent Information:

First name: _____ Middle name: _____ Last name: _____

Suffix: () Junior () Otro: _____

Note: Name must match the passport. Please submit a copy of the passport identification page along with this application

Relationship to the student: () Spouse () Child

Email: _____

Date of birth (day/month/year): _____ Gender: () Male () Female

Nationality: _____ Country of birth: _____

2- Dependent Information:

First name: _____ Middle name: _____ Last name: _____

Suffix: () Junior () Otro: _____

Note: Name must match the passport. Please submit a copy of the passport identification page along with this application

Relationship to the student: () Spouse () Child

Email: _____

Date of birth (day/month/year): _____ Gender: () Male () Female

Nationality: _____ Country of birth: _____

PLEASE MAIL, FAX, OR EMAIL THIS FORM ALONG WITH THE STUDENT'S APPLICATION FORM. THE I-20 WILL ONLY BE PROCESSED WHEN ALL STUDENT'S REQUIRED AND SIGNED DOCUMENTATION IS RECEIVED.