



## Request for Dependent I-20

Biographical Data		
Family Name:	First and Middle Name:	Birth Date:
Email:		UNT Student ID:
U.S. Local Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____	Permanent Foreign Address: _____ _____ City: _____ Province: _____ Postal Code: _____ Country: _____	
Country of Citizenship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Degree Level:		Current Major:
Passport Expiration:	Visa Expiration:	Expected Completion Date: (Semester/Year):

Dependent Information			
<b>Family Name:</b>	First Name:	Middle Name:	Date of Birth:
Country of Birth:	Country of Citizenship:	Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Family Name:</b>	First Name:	Middle Name:	Date of Birth:
Country of Birth:	Country of Citizenship:	Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Family Name:</b>	First Name:	Middle Name:	Date of Birth:
Country of Birth:	Country of Citizenship:	Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Arrival Information:</b>			
Is dependent currently in the U.S.? <input type="checkbox"/> Yes If Yes, travel dates: _____ to _____ Destination: _____ Or, dependent will file Change of Status Application <input type="checkbox"/> (see advisor)			
<input type="checkbox"/> No If No, date dependent will arrive in the U.S.: _____			

Required Documents
I have attached: <input type="checkbox"/> New financial Documents. (Must provide proof of funding for both you and your dependents.) <input type="checkbox"/> Copy of Dependent Passport(s) <input type="checkbox"/> Proof of Relationship to Student. (For Spouse, attach marriage certificate. For child, attach birth certificate.)

**I have fully completed the above information and understand the regulations regarding this process:**  
*If I have any questions, I will consult with an ISSS Advisor*

Signature	Date:
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