I-20 Request Form
To Add F-2 Dependents

This form is to be used by continuing U-M students to request an I-20 to be used by dependents.
- Dependents are defined by US immigration regulations as "spouse and/or children under 21 years old."
- If your spouse/children are US citizens or permanent residents of the US, they are not eligible for an I-20.
- The F-1 student must sign the F-2 dependent I-20 on Page 1, Section 11.

You must meet with an International Student and Scholar Advisor to submit this request.

Last Name
First Name
UMID #

Date of Birth (mm-dd-yyyy)
Gender
Number of F-2 Dependents
Uniqname

Telephone
Delivery Method
Pick-Up
Ship (see "Shipping Options")

New* dependent information (exactly as it appears on their passport):

<table>
<thead>
<tr>
<th>Dependent’s Last Name</th>
<th>Dependent’s First Name</th>
<th>Dependent’s Middle Name</th>
<th>Relationship to Student</th>
<th>Gender</th>
<th>Birthdate (mm/dd/yyyy)</th>
<th>City, Country of Birth</th>
<th>Country of Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Spouse</td>
<td>Female</td>
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<td>Child</td>
<td>Female</td>
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<td>Spouse</td>
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<td>Child</td>
<td>Male</td>
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</tr>
</tbody>
</table>

*Please do not list your current F-2 dependents. Only provide information for dependents you wish to add.

Dependent(s)’s Estimated Date of Arrival: ____________________ (needed for health insurance purposes only)

Checklist of required documents. Please do not staple!
☐ Form I-94 (click on this link for instructions)
☐ Copy of your current I-20 (pages 1 & 3)
☐ If available, copy of your dependent’s passport page showing picture, biographical information, and expiration date
☐ An unofficial transcript downloaded from Wolverine Access
☐ Financial Resources Statement and supporting financial documents

*To determine the correct number of months to use on the Financial Resources Statement, compare today’s date with your I-20 program end date. If there are 12 or more months remaining between today and the I-20 program end date, then use one year (12 months). If there are fewer than 12 months remaining between today and the I-20 program end date, then use the exact number of remaining months. The dependent(s) estimated date of arrival is not relevant to this calculation.

- I certify I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and any F-2 dependents) must have U-M approved health insurance for the duration of my F-1 status.
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), through Wolverine Access within 10 days of the change.

Signature _____________________________ Date ____________________

To be completed only by International Center Advisor
☐ Verified dependent’s previous affiliation with U of M: F-2 was at U of M in the past ☐ Yes ☐ No
☐ Is dependent currently in U.S.? If yes, check status & advise on change of status.
☐ Verified name spelling and date of birth (if dependent’s passport copy not available).
☐ Made copy of this request form (w/ estimated date of arrival) for Health Insurance Office.

ISSA initials _____________ Date: _____________________________

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