



I-20 Request Form To Remove F-2 Dependents

This form is to be used by continuing U-M students to request that a dependent be removed from your I-20.

- A new I-20 form will be printed for you.
- Submit this form with required documents via email to icenter@umich.edu or schedule an appointment at 734.764.9310.

LAST NAME	FIRST NAME	MIDDLE NAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NUMBER of F-2 DEPENDENTS	UNIQUENAME
TELEPHONE	DELIVERY METHOD <input type="checkbox"/> PICK-UP <input type="checkbox"/> SHIP (See " SHIPPING OPTIONS ")		SEVIS ID # N

Please complete for each dependent you request be removed from your I-20.

Dependent Name (Last, First, Middle)	Dependent Birthdate (mm/dd/yyyy)	Dependent is <input type="checkbox"/> In US <input type="checkbox"/> Out of US	If in US, dependent's current US visa status	Reason for removal (documentation required)

Checklist of required documents.

- Copy of the front side of your current I-94 card
- Copy of your current I-20 (pages 1 & 3)
- If available, copy documenting your dependent's current immigration status if still in US
- Copy of documentation demonstrating the cause for removal. (May include airline boarding pass, status change, divorce certificate, death certificate, etc.)
- An unofficial transcript downloaded from [Wolverine Access](#)

- 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 _____

Please do not staple forms.