



**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 only."
- 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	MIDDLE NAME	UNIQNAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NUMBER OF F-2 DEPENDENTS	TELEPHONE	SEVIS ID # N
DELIVERY METHOD <input type="checkbox"/> PICK-UP: <input type="radio"/> Central Campus <input type="radio"/> North Campus (If someone else will pick up for you, his/her name is: _____) <input type="checkbox"/> SHIP (See " <a href="#">SHIPPING OPTIONS</a> "): <input type="radio"/> eShip Global <input type="radio"/> U.S. Mail				

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

Dependent's Last Name	Dependent's First Name	Dependent's Middle Name	Relationship to Student	Gender	Birthdate (mm/dd/yyyy)	City, Country of Birth	Country of Citizenship
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Female <input type="checkbox"/> Male			

\*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!**

- If available, copy of your dependent's passport page showing picture, biographical information, and expiration date
- [Financial Resources Statement](#) and supporting financial documents
- Print-out of electronic [I-94](#) or copy of paper I-94
- Copy of current I-20 (not including instruction page)
- Unofficial transcript printed from [Wolverine Access](#) (not official transcript)

\*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: \_\_\_\_\_