



B R I S T O L C O M M U N I T Y C O L L E G E

Fall River ■ New Bedford ■ Attleboro ■ Taunton ■ eLearning

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F-1 Dependent Request Form

Purpose

This form has two purposes. You can use this form if your spouse and/or children will be joining you in the United States as your dependent(s). You can also use this form to delete dependent(s) from your SEVIS record.

F-1 Student Information

Student's Name: _____

Local Phone: _____ E-mail: _____

Date of Birth (mm/dd/yyyy): _____ Country of Birth: _____

SEVIS ID Number (located on the upper right corner of your I-20): _____

BCC ID Number (900 Number): _____

Action Requested

Add dependent to I-20

F-1 Student must provide proof of:

- Financial support: Spouse = \$5000, Child = \$2500
- Marriage Certificate or Birth Certificate, with English translation.

Delete dependent from I-20

Change in existing dependent information

Legal name

- Provide copy of new passport

Other: _____

Please fill out dependent information completely on following page.



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Dependent Information Form

Complete one section for each dependent who will be joining you in the U.S. or for each dependent who you will be deleting from your SEVIS record. If you plan to change the status of more than 4 dependents please use an form. Note that you will need to show financial support for each dependent that you bring. Financial support requirements are \$5000 per year for a spouse and \$2500 for each child.

Dependent 1 _____
Last (family) Name First (given) Name Middle Name

City & Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residence: _____ Gender: _____ Date of Birth (mm/dd/yyyy): _____

Relationship to student: Spouse Child

Dependent 2 _____
Last (family) Name First (given) Name Middle Name

City & Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residence: _____ Gender: _____ Date of Birth (mm/dd/yyyy): _____

Relationship to student: Spouse Child

Dependent 3 _____
Last (family) Name First (given) Name Middle Name

City & Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residence: _____ Gender: _____ Date of Birth (mm/dd/yyyy): _____

Relationship to student: Spouse Child

Dependent 4 _____
Last (family) Name First (given) Name Middle Name

City & Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residence: _____ Gender: _____ Date of Birth (mm/dd/yyyy): _____

Relationship to student: Spouse Child

I verify that the above information is correct. I hereby authorize the Bristol Community College Principal/Designated School Official or Responsible/Alternate Responsible Official to release this information to the required United States Government agencies.

Student Signature

Date



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