

## F-1 Visa | DEPENDENT REQUEST FORM

Use this two page form if your spouse and/or children will be joining you in the United States as your dependent(s). You can also use this two page form to request that dependent(s) be deleted 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): \_\_\_\_\_

Bristol Student ID Number (900 Number): \_\_\_\_\_

### ACTION REQUESTED

Add dependent(s) 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 (please provide copy of new passport)

Other: \_\_\_\_\_

*Please Note: Forms not completed in their entirety will be returned to the applicant and will delay application processing time.*

## F1 Visa | DEPENDENT INFORMATION FORM

Complete one section for each dependent who will be joining you in the U.S. or for each dependent who you requested be deleted from your SEVIS record. If you plan to change the status of more than 4 dependents please use an additional 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.

<b>Dependent 1</b>		
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: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
<b>Dependent 2</b>		
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: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
<b>Dependent 3</b>		
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: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
<b>Dependent 4</b>		
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: <input type="checkbox"/> Spouse <input type="checkbox"/> 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.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please Note: Forms not completed in their entirety will be returned to the applicant and will delay application processing time. A sponsor CANNOT sign for the student; this form must bear the student's original signature.*