I-20 Request for Spouse/Children’s F-2 Visa

The ISS staff will provide I-20s for dependents of F-1 students applying for F-2 visas at a U.S. embassy or consulate overseas. The following information is required for these documents to be issued:

(please complete this information EXACTLY as it appears in the passports)

**Information about you:**

Your last name ___________________________ first name ___________________________ UID ___________________________

Your telephone number ___________________________ email ___________________________

**Information about your spouse:**

Your spouse’s last name ___________________________ first name ___________________________ Gender: Male ___ Female ___

Date of birth (month/date/year) ___________________________ country of birth ___________________________

country of citizenship ___________________________

**Information about your child/ren:**

Your child’s last name ___________________________ first name ___________________________ Gender: Male ___ Female ___

Date of birth (month/date/year) ___________________________ Country of birth ___________________________

Country of citizenship ___________________________ Male ___ Female ___

Your child’s last name ___________________________ first name ___________________________ Gender: Male ___ Female ___

Date of birth (month/date/year) ___________________________ Country of birth ___________________________

Country of citizenship ___________________________ Male ___ Female ___

**Financial Support**

You must show financial support for each accompanying family member for the entire time expected to complete your degree.

Minimum required support for one year:

- Spouse $11,500
- One child $5,750
- Each additional child $5,000

Proof of funding may be either a bank statement, a letter from your academic department detailing your financial support, and/or a letter from your sponsor. All family members should be covered by medical insurance while they are in the U.S.

Please contact ISS at 475-6943 if you have any questions.