

APPLICATION TO ADD AN F-2 DEPENDENT

AFFLICATION TO ADD AN F-2 DEFENDENT				
APPLICANT INFORMATION				
NAME				
DATE OF BIRTH				
PHONE				
EMAIL				
DEPENDENT INFORMATION				
NAME DEPENDENT I	NFORMATION			
GENDER				
RELATIONSHIP				
COUNTRY OF BIRTH				
COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP				
EMAIL				
DATE OF BIRTH				
DATE OF BIRTH				
CERTIFICATION OF FUND	ING FOR THE DEPENDENT			
TUITION AND FEES				
LIVING EXPENSES				
BOOKS				
HEALTH INSURANCE				
ESTIMATED COST TOTAL				
STUDENTS WITH	A COLOT A NITOLLIDO			
STUDENT STIPEND AMOUNT	ASSISTANTSHIPS			
STUDENT STIFEND AMOUNT STUDENT RECEIVES AN OUT OF STATE				
WAIVER OF WHAT CREDIT HOURS A YEAR				
(PUT N/A IF NON APPLICABLE.)				
STUDENTS RECEIVES A MATRICULATION				
WAIVER OF WHAT CREDIT HOURS A YEAR				
(PUT N/A IF NON APPLICABLE.)				
WILL FUNDING CONTINUE FOR THE				
DURATION OF THE PROGRAM? IF NO,				
PLEASE EXPLAIN.				

STUDENTS WITH SPONSOR SCHOLARSHIPS OR PERSONAL FUNDS		
TYPES OF FUNDING	AMOUNT AVAILABLE	REQUIRED DOCUMENTATION
STUDENT BANK ACCOUNT	\$	PAST THREE MONTHS BANK STATEMENTS

	INDICATING BALANCE TO
	COVER FUNDS INDICATED
	ABOVE
SPONSOR: COULD BE	\$ LETTER FROM SPONSOR
RELATIVE, FRIEND, ETC.(IF	CLAIMING THE FINANCIAL
APPLICABLE FOLLOW	FIGURE IS CORRECT, WITH
DIRECTIONS BELOW)	EXPLICIT FIGURE LISTED.
Í	MUST ATTACH BANK OR
	OTHER FINANCE
	INSTITUTION
	VERIFICATION
	DEMONSTRATING THE
	AVAILABILITY OF THE
	FUNDS REQUIRED. ALSO,
	MUST HAVE SPONSOR
	SIGNATURE AND CURRENT
	DATE. MUST INDICATE
	RELATIONSHIP TO
	APPLICANT.
SCHOLARSHIP(S)	\$ AWARD LETTER(S)
OTHER	\$ SPECIFY AND INCLUDE
	ORIGINAL
	DOCUMENTATION
TOTAL	\$

RULES

FUNDS MINUS EXPENSES MUST EQUAL A DIFFERENCE OF \$10,000 OR GREATER FOR THE ADDITION OF A SPOUSE.

FUNDS MINUS EXPENSES MUST EQUAL A DIFFERENCE OF \$5,000 OR GREATER FOR THE ADDITION OF A MINOR.

FUNDS AND EXPENSES MUST BE PROVED WITH THE COMPLETION AND ADDITIONS SPECIFIED IN THE APPROPRIATE SECTIONS ABOVE.

MANDATORY: PROOF OF MARRIAGE CERTIFICATE (FOR SPOUSE) AND/OR BIRTH CERTIFICATE(S) (FOR CHILDREN) MUST BE PROVIDED WITH THIS APPLICATION REQUEST.

CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT. I AM FULLY

AWARE THAT I AM RESPONSIBLE FOR THE FINANCIAL SUPPORT OF MY FAMILY FOR
THEIR ENTIRE STAY IN THE UNITED STATES.
PRINT APPLICANT NAME:
SIGNATURE:
DATE: