Spouse and/or Dependent Children Information For I-20 Applicants
Attach This Sheet And All Other Required Documentation To Your I-20 Application

Student’s Name: ____________________________ Date: ____________________________

Please complete the following information about your spouse and/or children only if they will come with you to the U.S. Attach photocopies of each individual’s passport identification pages.

NAME: (family/surname) _______________ (first) _______________ (middle) _______________
Country of Birth: ____________________________ Country of Citizenship: _______________________
Date of Birth: ______________________________ Relationship to you: _______________________

NAME: (family/surname) _______________ (first) _______________ (middle) _______________
Country of Birth: ____________________________ Country of Citizenship: _______________________
Date of Birth: ______________________________ Relationship to you: _______________________

NAME: (family/surname) _______________ (first) _______________ (middle) _______________
Country of Birth: ____________________________ Country of Citizenship: _______________________
Date of Birth: ______________________________ Relationship to you: _______________________

NAME: (family/surname) _______________ (first) _______________ (middle) _______________
Country of Birth: ____________________________ Country of Citizenship: _______________________
Date of Birth: ______________________________ Relationship to you: _______________________

NAME: (family/surname) _______________ (first) _______________ (middle) _______________
Country of Birth: ____________________________ Country of Citizenship: _______________________
Date of Birth: ______________________________ Relationship to you: _______________________

NAME: (family/surname) _______________ (first) _______________ (middle) _______________
Country of Birth: ____________________________ Country of Citizenship: _______________________
Date of Birth: ______________________________ Relationship to you: _______________________

*Please note that you must show additional evidence of financial capability to cover their annual expenses in the following amount: $5,000.00 annually for your spouse; $4,000.00 annually for each child.