

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: _____

Please note that you must show **additional evidence of financial capability to cover their annual expenses in the following amount: **\$8,000.00 annually for your spouse; \$5,000.00 annually for each child.***

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