

APPLICATION: DEPENDENT FAMILY I-20

INTERNATIONAL STUDENT SERVICES

<<<<<<< **PLEASE PRINT ALL INFORMATION CLEARLY** >>>>>>>

Student Name: _____
Family name First/Given Middle

Visa type (current): _____ **EIS ID#:** _____

Email: _____ **Daytime phone:** _____

Major track: _____ **Degree Level:** _____ **Expected completion date:** _____

If family is traveling outside US: Departure date _____ Return date _____ Destination _____

If family is currently outside US: Date of arrival in US _____

Complete permanent foreign address: (print clearly without abbreviations)

City State Postal Code Country

Current local address: (please print clearly)

Reason for new I-20 (Check all that apply):

Initial entry, or travel outside US

Change of status to F-2

F-2 family information:

Family name First name Date of birth Country of Birth Citizenship Relationship to student Gender

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Family name First name Date of birth Country of Birth Citizenship Relationship to student Gender

Attach financial information

- Additional financial documentation is required for the entire family for 12 months including:

Spouse: \$5,070 Each child \$3,120

Signature _____

Date _____

UNT HEALTH SCIENCE CENTER

International Student Services ♦ 3500 Camp Bowie Blvd. ♦ Fort Worth, TX 76107
EAD Building, Room 116 ♦ Tel: 1.817.735.5006 ♦ Fax: 1.817.735.0448

