



# I-20 Request for Dependent of F-1 Student

*\*Please allow 5 full business days for processing a complete application\**

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SCSU ID#: \_\_\_\_\_ Degree Level: \_\_\_\_\_  
Major: \_\_\_\_\_ Phone number: \_\_\_\_\_  
SCSU e-mail: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

**Dependent(s) Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Gender: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
Relationship: SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Gender: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
Relationship: SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Gender: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
Relationship: SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_

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*By signing below, I certify that the above information is true and correct to the best of my knowledge.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_