

**WORLD: International Learning**386.822.8165 (Office) – 386.822.8167 (Fax) – 635 Bert Fish Drive – www.stetson.edu/other/world**Request for Dependent I-20**

Biographical Data		
Family Name:	First and Middle Name:	Birth Date:
Email:		SU Student ID:
U.S. Local Address: _____ City: _____ State: _____ Zip _____ Code: _____ Phone Number: _____	Permanent Foreign Address: _____ City: _____ Province: _____ Postal Code: _____ Country: _____	
Country of Citizenship:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Degree Level:		Current Major:
Passport Expiration:	Visa Expiration:	Expected Completion Date: (Semester/Year):

Dependent Information			
Family Name:	First Name:	Middle Name :	Date of Birth:
Country of Birth:	Country of Citizenship:	Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Family Name:	First Name:	Middle Name :	Date of Birth:
Country of Birth:	Country of Citizenship:	Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Family Name:	First Name:	Middle Name:	Date of Birth:
Country of Birth:	Country of Citizenship:	Relationship to Student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Arrival Information:
Is dependent currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, travel dates: _____ to _____ Destination: _____ Or, dependent will file Change of Status Application <input type="checkbox"/> (see advisor) If No, date dependent will arrive in the U.S.: _____

Required Documents
I have attached: <input type="checkbox"/> New financial Documents. (Must provide proof of funding for both you and your dependents.) <input type="checkbox"/> Copy of Dependent Passport(s) <input type="checkbox"/> Proof of Relationship to Student. (For Spouse, attach marriage certificate. For child, attach birth certificate)

**I have fully completed the above information and understand the regulations regarding this process:
If I have any questions, I will consult with WORLD staff.**

Signature	Date:
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