



REQUEST FORM: DEPENDENT I-20

(Please allow **at least five business days** to process all requests)

Today's Date: _____ Student ID #: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone #: _____ **Personal** Email: _____

Level: Associates Bachelor's Master's

Major (According to GPS): _____

Required Documents Checklist:

SPOUSES	Received	DEPENDENTS	Received
Financial support for \$4,000 per dependent		Financial support for \$4,000 per dependent	
Marriage certificate		Birth certificate	
Copy of Spouse's passport		Copy of dependent's passport	

For Office Use Only:

Received by: _____ Date Processed: _____ Processed by: _____

SOAHOLD SFAREGF SPAIDEN GOAINTL SGASTDN FSA Notes