

Full Name: _____

Country of Citizenship: _____

for F-2/J-2 status. There is no need to list U.S. citizen spouses and children.

RELATIONSHIP

GIVEN NAME

I. Personal Information

II. Dependent Information

FAMILY NAME

301 S. Jefferson, Suite 101 Springfield, Missouri 65806 Phone: 417-836-6618 Fax: 417-836-7656 www.International.MissouriState.edu/Services Email: InternationalServices@MissouriState.edu

I-20/DS-2019 End Date:

Country of Birth:

CITY OF

BIRTH

GENDER

COUNTRY OF

CITIZENSHIP

Request for Dependent I-20 (F1) / DS-2019 (J1)

Please fill this form out completely if you are wishing to have your spouse or children to be with you while studying here at Missouri State. If there is missing information International Services will not be able to issue the necessary documents.

Please list any dependents that are currently in F-2 status or intend to apply for F-2/J-2 status. Only spouses and children are eligible

COUNTRY OF BIRTH

DATE OF BIRTH

	/dd yyyy
III. Additional Documents Needed	
Please provide an additional bank statement showing that you have sufficient funding for your dependent:	
Spouse\$4,000.00	
Per Child\$2,000.00	
Please provide copies of your passport, visa, I-94 card, and transcripts.	
Current Address (PO Boxes are <i>not</i> acceptable unless student lives in an on-campus dormitory)	Home Country Address (No US addresses please.)
Street 1	Street 1
Street 2	Street 2
City State ZIP	City
E-mail	State/Province
Telephone (Home) (Work)	Country Postal Code