



F-2 I-20 REQUEST FORM

Last Name: _____ **Given Name:** _____
(as appears on passport) (as it appears on passport)

UCLA ID#: _____ **SEVIS ID#: N** _____

Major: _____ **Country of Citizenship:** _____

Email: _____ **Telephone:** _____

Degree Objective: **Bachelors** **Master's** **Doctorate**

APPLICATION CHECKLIST

- Completed F-2 I-20 Request Form
- Completed [Confidential Financial Statement](#)

Proof of funding document(s)- if using Personal and/or Family funds, funding must be from checking/savings accounts (funding from money market/investment accounts not accepted)

- \$4,500 for spouse
- \$2,000 per child

Copy of Marriage Certificate (with English translation, if applicable). *Only required for F-2 (SPOUSE) requests.*

- Copy of dependent's passport biographical page.
- Completed [F-1 Document Shipping Request Form](#) (only required if you would like paper-format I-20s shipped to your address)
- Schedule an appointment with an F-1 Counselor to submit F-2 I-20 Request.

Dependent's Name (Last, First)	Date of Birth (mm/dd/yyyy)	Country of Birth	Country of Citizenship	Relationship to You

FOR DCISS USE ONLY	INITIALS: _____ DATE: _____
	<input type="checkbox"/> Holds <input type="checkbox"/> Current Enrollment <input type="checkbox"/> Past Enrollment <input type="checkbox"/> Funding <input type="checkbox"/> CFS