**APPLICATION OF DEPENDENT (F-2) SEVIS I-20**

**Dependent of an F-1 ESL Student**

**F-1 Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last Name**)** (First Name)

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please type or print the appropriate information below for the dependent(s) *(a dependent is*

*a spouse or child only.)* Who will be applying for an F-2 visa in order to travel to the United States:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Country of Birth** | **Birth Date Month/Date/**  **Year** | **Country of Citizenship** | **Country of permanent legal residence** | **Relationship to Student** |
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|  |  |  |  |  |  |  |

You will need to provide ISSO with a **notarized bank statement** which reflects the required funding for each dependent which allows them to travel to the U.S. The F-1 Student is also responsible **to maintain health insurance annually for all dependents** **which meets Oakland University requirements through out their stay.**

Please sign you have read and understand your responsibilities regarding sponsoring an F-2.

**Additional cost for 1st dependent is $1,083.00 for each 8 week session, 6 sessions per year.**

**Additional cost for 2nd dependent is $817.00 for each 8 week session, 6 sessions per year.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**