WESTERN MICHIGAN UNIVERSITY

INTERNATIONAL STUDENT AND DEPENDENT INFORMATION

Please return to: Director of TNE Programs ◆ Haenicke Institute for Global Education ◆ Western Michigan University ◆ Kalamazoo MI 49008-5245 ◆ U.S.A.

SECTION 1

NAME OF APPLICANT (as it appears on official documents and WMU application)

U.S. Visa Type Held _____ Or Expected _____

_____
Family Name Given Name

U.S. Social Security Number (if available)
☐☐☐–☐☐–☐☐☐☐

Check ONE of the following:

1. ☐ I do not have any F-2 or J-2 dependents (F-2 or J-2 visa holders) in the U.S. (Information is complete. Please proceed to Section 3)

2. ☐ I do have F-2 or J-2 dependents (F-2 or J-2 Visa Holders) in the U.S. (Complete Sections 2 and 3. Please provide proof of relationship, such as a marriage or birth certificate translated into English; financial document showing adequate funding for you and your dependent(s)--must be less than 12 months old; and a photocopy of your dependent's passport(s).)

3. ☐ I do have dependents who will be applying for an F-2 or J-2 visa to enter the U.S. (Complete Sections 2 and 3. Please provide proof of relationship, such as a marriage or birth certificate translated into English; financial document showing adequate funding for you and your dependent(s)--must be less than 12 months old; and a photocopy of your dependent's passport(s).)

4. ☐ I do have dependents but they will not be applying for an F-2 or J-2 visa to enter the U.S.(Information is complete. Please proceed to Section 3)

SECTION 2

IF you have checked #2 or #3 above you must complete Section 2. **IF** you have checked #1 or #4, skip this section and proceed to section 3. Failure to provide this information will result in INELIGIBILITY for a U.S. visa and/or LOSS of visa benefits.

DEPENDENT #1 INFORMATION

_____
Family Name Given Name Middle Name

DATE OF BIRTH: _____ Month-Day-Year

SEX ☐ Female ☐ Male

U.S. VISA TYPE HELD:_____ OR EXPECTED:_____

Relationship to WMU Applicant: ☐ Spouse ☐ Son ☐ Daughter

CITY AND COUNTRY OF BIRTH:_____ COUNTRY OF CITIZENSHIP: _____

DEPENDENT #2 INFORMATION

_____
Family Name Given Name Middle Name

DATE OF BIRTH: _____ Month-Day-Year

SEX ☐ Female ☐ Male

U.S. VISA TYPE HELD:_____ OR EXPECTED:_____

Relationship to WMU Applicant: ☐ Spouse ☐ Son ☐ Daughter

CITY AND COUNTRY OF BIRTH:_____ COUNTRY OF CITIZENSHIP: _____

DEPENDENT #3 INFORMATION

_____
Family Name Given Name Middle Name

DATE OF BIRTH: _____ Month-Day-Year

SEX ☐ Female ☐ Male

U.S. VISA TYPE HELD:_____ OR EXPECTED:_____

Relationship to WMU Applicant: ☐ Spouse ☐ Son ☐ Daughter

CITY AND COUNTRY OF BIRTH:_____ COUNTRY OF CITIZENSHIP: _____

IF additional space is needed, please make a copy of this sheet and attach to this document.

SECTION 3 (Everyone must complete this section)

* **Student Certification:** I certify that all information on this form is complete and accurate to the best of my knowledge.

Signature:_____ Date:_____

Revised August 2007