



WESTERN MICHIGAN UNIVERSITY

DEPENDENT I-20/DS-2019 REQUEST FORM

Please make an appointment or come during Counselor-on-Duty to see an advisor in International Services and Student Affairs.

Please bring the following:

- **Proof of relationship, such as a marriage or birth certificate**
- **Financial document showing adequate funding for you and your dependent(s) - must be less than 12 month old**
- **Your I-20(s) or DS-2019(s)**
- **Your passport**
- **Your I-94 card**
- **Your OPT card or Academic Training authorization, if any**
- **Your dependent's passport(s)**

F-1/J-1 Student Information	
Last Name:	First Name:
WIN #:	Phone:
SEVIS ID:	E-mail:
Address:	

Dependent #1 Information		
Last Name:	First Name:	Middle Name:
Relationship: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Date of Birth (mm/dd/yy):
Country of Citizenship:	Country of Birth:	
Currently in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes indicate immigration status: _____)		

Dependent #2 Information		
Last Name:	First Name:	Middle Name:
Relationship: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Date of Birth (mm/dd/yy):
Country of Citizenship:	Country of Birth:	
Currently in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes indicate immigration status: _____)		

** If additional space is needed, please provide information on another sheet and attach to this document.*

Signature of Student:	Date:
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