Student/Exchange Visitor Request for Dependent Documentation

This form is used to request the issuance of a Form I-20 or DS-2019 to bring a spouse (husband or wife) and/or unmarried children (under the age of 21) to the U.S. as the dependent of an international student or Exchange Visitor at The Catholic University of America.

Information about the CUA Student or Exchange Visitor

Name of Student/Exchange Visitor:_____

CUA School/Department: _____

E-mail address: _____

I confirm that I will obtain medical insurance to cover my family during their stay in the U.S. and I have the financial means to support them (see next page for cost estimates).

Signature of Student/Exchange Visitor: _____

Information About Dependent(s)

DEPENDENT #1

Family Name: _____
First Name: _____
Middle Name: _____
Date of Birth (mm/dd/yyyy): _____
City of Birth: _____
Country of Birth: _____
Country of Citizenship: _____
Country of Legal Residence: _____
Relationship: _____ Spouse _____ Child
Gender: _____ Male _____ Female

DEPENDENT #2

Family Name: _____
First Name: _____
Middle Name: _____
Date of Birth (mm/dd/yyyy): _____
City of Birth: _____
Country of Birth: _____
Country of Citizenship: _____
Relationship: _____ Spouse _____ Child
Gender: _____ Male _____ Female

DEPENDENT #3

Family Name: _____
First Name: _____
Middle Name: _____
Date of Birth (mm/dd/yyyy): _____
City of Birth: _____
Country of Birth: _____
Country of Citizenship: _____
Country of Legal Residence: _____
Relationship: _____ Spouse _____ Child
Gender: _____ Male _____ Female

DEPENDENT #4

Family Name: _____
First Name: _____
Middle Name: _____
Date of Birth (mm/dd/yyyy): _____
City of Birth: _____
Country of Birth: _____
Country of Citizenship: _____
Country of Legal Residence: _____
Relationship: _____ Spouse _____ Child
Gender: _____ Male _____ Female

DEPENDENT #5

Family Name: _____
First Name: _____
Middle Name: _____
Date of Birth (mm/dd/yyyy): _____
City of Birth: _____
Country of Birth: _____
Country of Citizenship: _____
Country of Legal Residence: _____
Relationship: _____ Spouse _____ Child
Gender: _____ Male _____ Female

Cost Estimates

Students/Exchange Visitors must be able to demonstrate they have the financial ability to support their family members while they are in the United States. Individuals who will be in the U.S. for more than a year must document the ability to cover the first year's expenses and have a reasonable expectation of being able to cover costs after that.

	# DEPENDENTS		# MONTHS IN US		ESTIMATED COST PER MONTH		TOTAL
Spouse or first Child	1	x		x	$600	=	
Additional Dependents		x		x	$300	=	
						TOTAL Estimated Dependent Costs	

Required Attachments:

- ☐ Copy of passport for each dependent – to ensure name and birth information match
- ☐ Financial documentation showing ability to cover above estimate costs.

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