



Dependents for F-2 Visa Status Form

Please complete the following form if you are applying to MSU Denver as an F-1 visa student and you plan on bringing any dependents in F-2 status.

A dependent can include your spouse and/or your minor children (under the age of 21).

You will be required to show additional financial support for each dependent who will accompany you to the United States under an F-2 visa designation. Please take this into account when you submit your financial documentation.

Dependent Costs: If you are planning to bring your spouse or any children with you, you must show an additional \$10,000 USD for each dependent.	Changes to Total Estimated Cost: Student + 1 Dependent = \$51,690 Student + 2 Dependents = \$61,690 Student + 3 Dependents = \$71,690
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We require the below information to include the dependents on the I-20 form once issued. Names must be written **EXACTLY** as they appear on their passport. Please review this form carefully to make sure all information is correct before submitting it to your application.

Dependents Information: MUST PRINT INFORMATION CLEARLY

DEPENDENT (1):

FULL NAME: _____
Family (Surname) Given Name(s)

PHONE NUMBER: _____ EMAIL ADDRESS: _____
**** We must have the contact information for each dependent. ****

GENDER: Male Female RELATIONSHIP TO STUDENT: Spouse Child

DATE OF BIRTH: _____
YEAR MONTH DAY

PLACE OF BIRTH: _____
CITY COUNTRY

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCY: _____



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Dependents Information: MUST PRINT INFORMATION CLEARLY

DEPENDENT (2):

FULL NAME: _____
Family (Surname) Given Name(s)

PHONE NUMBER: _____ EMAIL ADDRESS: _____
**** We must have the contact information for each dependent. ****

GENDER: Male Female RELATIONSHIP TO STUDENT: Spouse Child

DATE OF BIRTH: _____
YEAR MONTH DAY

PLACE OF BIRTH: _____
CITY COUNTRY

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCY: _____

DEPENDENT (3):

FULL NAME: _____
Family (Surname) Given Name(s)

PHONE NUMBER: _____ EMAIL ADDRESS: _____
**** We must have the contact information for each dependent. ****

GENDER: Male Female RELATIONSHIP TO STUDENT: Spouse Child

DATE OF BIRTH: _____
YEAR MONTH DAY

PLACE OF BIRTH: _____
CITY COUNTRY

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCY: _____