



# International Student Dependent Form

Center for International Education • PO Box 5598 • Flagstaff, AZ 86011  
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Please complete this form and return it with the requested support documents (including copies of passport data page(s) to the Center for International Education. Only children (including stepchildren) aged 21 and under, and legal spouse can be issued dependent documents. For other accompanying dependents, please contact the nearest U.S. consulate about applying for a "B" tourist visa. Please use additional sheets for more dependents.

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

### Family Member #1

*Names should be the same as they appear in the passport*

Family Name: \_\_\_\_\_ Date of birth: (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ City of birth: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Country of legal  
Permanent Residence: \_\_\_\_\_  
Gender: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

### Family Member #2

*Names should be the same as they appear in the passport*

Family Name: \_\_\_\_\_ Date of birth: (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ City of birth: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Country of legal  
Permanent Residence: \_\_\_\_\_  
Gender: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

### Family Member #3

*Names should be the same as they appear in the passport*

Family Name: \_\_\_\_\_ Date of birth: (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ City of birth: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Country of legal  
Permanent Residence: \_\_\_\_\_  
Gender: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

### Additional Information

- I. Your family's expected date of arrival in the United States: (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_
- II. Please provide the dollar amount of funding you will have to support your family and attach a bank statement verifying this amount (\$5,500 for spouse and \$3,500 for each child): \_\_\_\_\_
- III. Please provide the name of the insurance carrier proving health insurance coverage for you dependents:  
\_\_\_\_\_

**I CONFIRM MY COMPLIANCE WITH HEALTH INSURANCE REQUIREMENTS AND I UNDERSTAND THAT I AM RESPONSIBLE FOR THE RETURN TRAVEL OF EACH DEPENDENT LISTED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date