



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

Global Education Office

VCU Immigration Services
912 W Grace St. 4th Floor
P.O. Box 843043
Richmond, VA 23284
Phone: (804) 828-0595
geois@vcu.edu

Application for F-2 Dependent I-20

Along with this form, please also submit:

- Financial documents
 - o Government letter or personal bank statement showing \$5,000 in liquid funds for each dependent requested
- A copy of the biographical page of each dependent's passport

Personal Information:

Last Name	First Names
V Number V	SEVIS Number N
VCU Email /Phone Number	Date of Birth (month/day/year)

Street Address	Apartment number
City	State
	Zip Code

Dependent Information:

Dependent 1:

Last Name	First Name(s)		
Date of Birth (month/day/year)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relation to student	
Country of Citizenship	Country of Birth		

Dependent 2:

Last Name	First Name(s)		
Date of Birth (month/day/year)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relation to student	
Country of Citizenship	Country of Birth		

Dependent 3:

Last Name	First Name(s)		
Date of Birth (month/day/year)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relation to student	
Country of Citizenship	Country of Birth		