

I-20 REQUEST

PLEASE COMPLETE THE FOLLOWING FORM AND SUBMIT IT TO THE UFIC. YOU WILL RECEIVE AN EMAIL WHEN YOUR NEW DOCUMENT IS AVAILABLE.

Surname/Family Name Given Names UFID Telephone Number

REPRINT STUDENT'S I-20 * Damaged Lost Stolen Travel

REPRINT DEPENDENTS' I-20 * Damaged Lost Stolen Travel

* **STUDENTS ON OPT: DO NOT USE THIS FORM TO REQUEST AN I-20 REPRINT; COMPLETE THE [OPT REPORTING FORM](#) INSTEAD**

REMOVE DEPENDENT Surname: _____ Given Names: _____

Reason: Dependent Change of Status (*provide copy of approval notice*)
 Dependent left the U.S. Indefinitely (*provide copy of flight itinerary*)
 Other: _____

ADD DEPENDENT Is your spouse/child currently in the US? Yes No

• If Yes, what is their current visa status: F1 H1B Other: _____

• If Yes, will your dependent Leave the US to apply for F2 abroad (outside of the U.S.), or
 Apply for [Change of Status to F2](#) in the U.S.? *If so, you must make an appointment to assemble the documents for the Change of Status application. Please click the link above for more info; bring this form and all required documents to your appointment.*

Proof of Financial Support: To add a dependent, proof of \$6,000 is required for your spouse and \$2,500 for each child. Please indicate each type and provide proof of financial support. The funding letter must be on letter head, current, up-to-date, less than one year old, and the amount must be in U.S. dollars. *NOTE: You are only required to show the amount above to add each dependent, however, once your dependent(s) has been added to your SEVIS record, you are required to show the total amount indicated on the I-20 in order for them to apply for F2.*

- Personal and/or Family:** Verification of funds, such as a bank statement (with name of sponsor, date, amount and type of currency) is required.
- Government Sponsor:** A copy of the signed letter certifying sponsorship is required. The letter must list what is covered, include the amount of the monthly stipend and identify the type of visa required.
- University of Florida Assistantship/Fellowship:** A copy of the UF department's letter.
- Scholarships:** A copy of the award letter is required.
- Other (Provide signed certification.):** _____

DEPENDENT'S INFORMATION	Dependent #1	Dependent #2
Surname/Family Name:		
Given/First Names:		
Gender (Male or Female):		
Date of Birth (MM/DD/YYYY):		
Relationship (Spouse or Child):		
Country of Birth:		
Country of Citizenship:		
Country of Permanent Residence:		