International Student Services

Dependent Request Form

International student's legal dependents may enter the U.S. as an F-2 visa holder. An F-2 may only stay in the U.S. as long as the F-1 principal visa holder is in status and participating in a program at CSU Dominguez Hills. Processing time for the new I-20 is 5 business days.

Required Documentation to Request a Visa Document for a Dependent:

- 1. Passport Biographical Information Page(s) for Dependent(s)
- 2. Financial documentation verifying funding for you and each dependent in U.S. Dollars and in English. \$4,000 per spouse and \$3,000 per each child are required

Listed fees are estimates that are subject to change upon approval the Board of Trustees and without notice.

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|--------------------------------|---------------------------------|
| PERSONAL INFORMATION | |
| LAST/FAMILY NAME: | FIRST/GIVEN NAME: |
| CSUDH STUDENT ID: | SEVIS NUMBER: N |
| U.S. ADDRESS: | |
| PHONE NUMBER: | EMAIL ADDRESS: |
| | _ |
| DEPENDENT 1 | |
| LAST NAME: | FIRST NAME: |
| GENDER: ☐ MALE ☐ FEMALE | DATE OF BIRTH [MM/DD/YYYY]: |
| CITY OF BIRTH: | COUNTRY OF BIRTH: |
| COUNTRY OF CITIZENSHIP: | COUNTRY OF PERMANENT RESIDENCE: |
| RELATIONSHIP: ☐ SPOUSE ☐ CHILD | EMAIL: |
| DEPENDENT 2 | |
| LAST NAME: | FIRST NAME: |
| GENDER: ☐ MALE ☐ FEMALE | DATE OF BIRTH [MM/DD/YYYY]: |
| CITY OF BIRTH: | COUNTRY OF BIRTH: |
| COUNTRY OF CITIZENSHIP: | COUNTRY OF PERMANENT RESIDENCE: |
| RELATIONSHIP: ☐ SPOUSE ☐ CHILD | EMAIL: |
| | |
| DEPENDENT 3 | |
| LAST NAME: | FIRST NAME: |
| GENDER: ☐ MALE ☐ FEMALE | DATE OF BIRTH [MM/DD/YYYY]: |
| CITY OF BIRTH: | COUNTRY OF BIRTH: |
| COUNTRY OF CITIZENSHIP: | COUNTRY OF PERMANENT RESIDENCE: |
| RELATIONSHIP: ☐ SPOUSE ☐ CHILD | EMAIL: |
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Dependent Request Form

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| ESTIMATED EXDE | NSES DER A | CADEMIC VEAR | subject to cho | unge unon annroyal the | Roard of Tru | istees and without notice | | | | | |
| LSTIIVIATED EAFE | NJLJ PLN AC | CADEMIC YEAR: subject to che UNDERGRADUATE | | GRADUATE | | MBA | | | | | |
| Tution and Fee | | \$15,521 | | \$13,931 | | \$13,931 | | | | | |
| Rooms, Misc. Per | sonal | \$16,645 | | \$16,645 | | \$16,645 | | | | | |
| Mandatory Intern | | \$1,134 | | \$1,134 | | \$1,134 | | | | | |
| Health Insurance | | . , | | | | ' ' | | | | | |
| Additional: | | | | | | \$254 | | | | | |
| Professional Fee | er unit | | | | | | | | | | |
| Гotal | | \$33,300 | | \$31,710 | | \$36,282 | | | | | |
| | | | | | | | | | | | |
| | T | | T | | | | | | | | |
| FINANCIAL | | RNMENT | ☐ SELF-SP | | | THIRD-PARTY SPONSORED | | | | | |
| SPONSORSHIP | SPONS | ORED BY: | | | | BY: | | | | | |
| | | | | | | | | | | | |
| financial Government spoi Letter of | support. nsored stude financial sup | ents must provid | de an official I guarantee d | letter locument from govel | rnment spor | nount and validity period of nount and validity period of nsor or foreign embassy rt and the amount provided. | | | | | |
| | PRIVATE SPO | | | ne full financial resp | onsibility, in | cluding educational | | | | | |
| and living exper | nses for the a | above named stu | udent while h | e or she is enrolled a | at CSUDH. | | | | | | |
| | Signature of s | sponsor R | elationship of | sponsor to student | Date (moi | nth/day/year) | | | | | |
| fees and living 6 | information expenses and | l I verify that a c | omparable a | • | ole per year | um of money necessary for for my studies. I understand | | | | | |
| s | ignature of st | udent | | | | Date (month/day/year) | | | | | |

ISS Use Only: Date Received: _____ Advisor's Initials: _____ Ready for Pick-Up: ____ International Student Services, College of Extended and International Education, CSU Dominguez Hills 1000 E. Victoria St., Carson, CA 90747, iss@csudh.edu, 310.243.3786 (Revised 11/18/16)