## Florida A&M University Office of International Education and Development FORM TO REQUEST I-20/DS-2019 FOR FAMILY/DEPENDENTS

Print the following information:

FAMU Student ID Number	SEVIS	ID#					Do you have an $\square$ 1-20 or $\square$ DS-20I9?	
Last Name (as appears on passport)	First Name				Middle Name			
Day Phone	Primary Email Address							
Department	Bachelors			Masters		PhD	D Other:	
Departmental Advisor's Name				Phone			Email	

## Please indicate below the document(s) necessary for you:

- □ Invitation support letter for family member(s) to visit you in USA.
- □ I-20 for immediate family member □ DS-2019 for immediate family member

## NOTE: I-20 nor DS-2019 cannot be issued for parents. Can only be issued for children and spouse.

NOTE: All dependents must have an I-20/DS-2019 for entry into United States. If you are requesting a dependent I-20/DS-2019 to enter the United States without you, please complete the following. Attach a copy of passport for each family member for whom an I-20/DS-2019 is requested.

- Date of intended arrival of dependent family member(s): \_\_/ / \_\_\_ OIED will begin insurance billing based on this date! If they do not arrive, you must provide a written notarized NON-ARRIVAL STATEMENT to OIED prior to this date.

PRINTED NAME		DATE OF BIRTH	PLACE OF BIRTH	RELA TIONSHIP	
Last Name	First Name				
Last Name	First Name				
Last Name	First Name				
Last Name	First Name				
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## ALL DEPENDENTS MUST CHECK IN INPERSON WITHIN 5 DAYS OF ARRIVAL OR THE F-I/J-I WILL BE SUBJECT TO TERMINATION.

Bring completed forms with required documents to OIED, 302 N. Perry-Paige Building. Allow 15 days minimum for processing.

FOR OIED DIRECTOR OF INTER	NATIONAL EDUCA	TION AND DEVE	LOPMENT		
Staff must review and verify the	ollowing university	records prior to	authorizing:		
Transcript Enro	Ilment Status	Holds		Insurance Status	
SEVIS in status	Main	file:  □ OK, verified			
SEVIS action taken:	·		Action taken ir	n SEVIS (comment)	
Approved OIED: (initials)			Date:		