



Bluegrass Community & Technical College

I-20 Request Form to Add/Drop F-2 Dependents

This form is to be used by new and continuing BCTC F-1 students to request an I-20 to be used by dependents:

- Dependents are defined by US Immigration regulations as “spouse and/or children under 21 years old”.
- If your spouse/children are US Citizens or permanent residents of the US, they are not eligible for an I-20.
- The F-1 student must sign the F-2 dependent I-20 on page 1, section 11.

You must make an appointment with the Primary Designated School Official (PDSO) in the International Student Services Office to submit this request.

F-1 Student Information			
Last Name	First Name	Middle Initial	BCTC ID#
Date of Birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number	Alternate Number
Out of Country Address		United States Address (if applicable)	
Number of Dependents Requested	Delivery Method for Dependent I-20 <input type="checkbox"/> Pick- Up <input type="checkbox"/> Mail <input type="checkbox"/> Other _____		SEVIS ID # N _____

Dependent Student Information							
Last Name	First Name	Middle Name	Relationship to F-1 Student	Gender	Birthdate (mm/dd/yyyy)	City/Country of Birth	Country of Citizenship
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
:			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			

Checklist of Required Documents

Checklist of Required Documents (please do not staple):

- Form I-94
- Copy of your current I-20 (pages 1 & 3)
- If available, copy of your dependents' passport page showing picture, biographical information, and expiration date
- Proof of Insurance
- Financial Verification Form (\$3,500 per dependent is required in addition to \$18,810.00* required for the F-1 student)

Acknowledgement from F-1 Student

- I certify I have read the request form instruction and information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and all of my dependents) must have health insurance, approved by the ISS office at BCTC, for the duration of my stay in the United States as an F-1 student.
- I understand it is my responsibility to report an change in personal information within 10 days of the change. The SEVIS Information Change form is located at: [ADD LINK](#)

Student Signature

Date

To Be Completed By ISS Office

- Verified dependents' name spelling, date of birth, city/country of birth, etc. on student passport
- Verified Health Insurance for F-1 student and all dependents
- Received Financial Verification Form with appropriate funds shown
- Checked on location of dependents and appropriately addressed the need for change of status

PDSO/DSO Signature

Date