



Request for Adding Dependent (F-2 or J-2)

Please return this form to International Programs and Services. Include a copy of unexpired passport photo page for each dependent and financial documents for the current academic year's expenses and proof of additional funding (\$4000/year for spouse and \$2000/year for each child).

Current Student or Scholar Information

Last Name First Name Michigan Tech ID #
M
Email

Dependent Information

Add Your Spouse:

Last Name First Name Middle Name
Birthdate Gender ☐ Male ☐ Female Email
Write out month in letters
Home Address Street City Postal Code
City of Birth Country of Birth
Country of Citizenship Country of Legal Permanent Residency

Add a Child:

Last Name First Name Middle Name
Birthdate Gender ☐ Male ☐ Female
Write out month in letters
Home Address Street City Postal Code
City Of Birth Country of Birth
Country of Citizenship Country of Legal Permanent Residency

Add Child #2

Add Another Child:

Last Name First Name Middle Name
Birthdate Gender ☐ Male ☐ Female
Write out month in letters
City of Birth Country of Birth
Country of Citizenship Country of Legal Permanent Residency



Add Child #3

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Birthdate	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>Write out month in letters</i>					
Home Address	Street <input type="text"/>	City	<input type="text"/>	Postal Code	<input type="text"/>
City Of Birth	<input type="text"/>	Country of Birth	<input type="text"/>		
Country of Citizenship	<input type="text"/>	Country of Legal Permanent Residency	<input type="text"/>		

Add Child #4

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Birthdate	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>Write out month in letters</i>					
City of Birth	<input type="text"/>	Country of Birth	<input type="text"/>		
Country of Citizenship	<input type="text"/>	Country of Legal Permanent Residency	<input type="text"/>		

Add Child #5

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Birthdate	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>Write out month in letters</i>					
Home Address	Street <input type="text"/>	City	<input type="text"/>	Postal Code	<input type="text"/>
City Of Birth	<input type="text"/>	Country of Birth	<input type="text"/>		
Country of Citizenship	<input type="text"/>	Country of Legal Permanent Residency	<input type="text"/>		

Add Child #6

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Birthdate	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>Write out month in letters</i>					
City of Birth	<input type="text"/>	Country of Birth	<input type="text"/>		
Country of Citizenship	<input type="text"/>	Country of Legal Permanent Residency	<input type="text"/>		