



TEXAS A&M UNIVERSITY
SAN ANTONIO

Office of International Affairs

F-2 DEPENDENT APPLICATION

Dependent's Relationship to F-1 Student: Child Spouse

Dependent's Last Name: _____ First Name: _____

*Full Name as Shown on Passport: _____

CONTACT INFORMATION

Email Address: _____

Local Phone Number: _____ U.S. Phone Number: _____

Mailing Address: _____

U.S. Mailing Address: _____

DEMOGRAPHICS

Date of Birth: _____ Country of Birth: _____
MM/DD/YYYY

City of Birth: _____ Country of Citizenship: _____

Sex: Female Male

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT IF ISSUED A DEPENDANT I-20 I WILL CHECK IN TO THE INTERNATIONAL AFFAIRS OFFICE WITHIN 5 DAYS OF MY ARRIVAL IN THE UNITED STATES.

Dependent's Signature: _____ Date: _____

*If dependent is over the age of 18

F-1 Student's Signature: _____ Date: _____

*All F-1 students must sign

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