



## Supplemental Financial Guarantee for Dependent(s)

**Dependent Information:** If you plan to bring your spouse and/or child(ren) at the time of initial entry to the United States, you (the **Primary F-1**) **must show additional funding (\$5,000 for spouse and \$3,000 each child)**. If a sponsor is being used, please note that the Consular/Embassy Officer may challenge your bringing dependents if you are not able to support them with your own funds.

List the names of each dependent (F-2) to be considered for issuance of the I-20. **You must provide current copies of passport identification page(s) for each dependent named in this request. Please print legibly.**

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(Relationship)      (Last/Family Name)      (First Name)      (Date of Birth)      (Country of Birth/Citizenship)

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(Relationship)      (Last/Family Name)      (First Name)      (Date of Birth)      (Country of Birth/Citizenship)

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(Relationship)      (Last/Family Name)      (First Name)      (Date of Birth)      (Country of Birth/Citizenship)

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(Relationship)      (Last/Family Name)      (First Name)      (Date of Birth)      (Country of Birth/Citizenship)

**I certify** that I have financial resources to cover the costs associated with my dependent's stay in the United States (*attach copies of financial guarantee letter from financial institution **or** current documents showing funds on deposit in the required amounts for each dependent. I understand that the University will not permit me to enroll if I am unable to document required insurance coverage in the minimum amounts for each dependent.* I certify that the information provided is accurate and true.

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Print Name (Student Applicant)

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Signature (Student Applicant)

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Date

**As enforcing the agreement to sponsor the primary and his/her dependents, I have read and clearly understand the financial requirements and will provide the **REQUIRED** funds for dependents.**

The total amount I will provide each year is \$ \_\_\_\_\_ (USD)

Sponsor's Name (Print): \_\_\_\_\_

Sponsor's Complete Address: \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Applicant: (father, mother, etc.) \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_