



FORM TO REQUEST I-20/DS-2019 FOR FAMILY/DEPENDENTS
 Auburn University, Office of International Education

Date Stamp

Fill the following details in **block** letters

Banner ID Number	SEVIS ID#	do you have an <input type="checkbox"/> I-20 or <input type="checkbox"/> DS-2019?
Last Name (as appears on passport)	First Name	Middle Name
Phone	Email Address	
Department	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> IEP <input type="checkbox"/> Other _____	
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 (Children and spouse). **NOTE: I-20 cannot be issued for parents.**
 - DS-2019 for immediate family member (Children and spouse). **NOTE: DS-2019 cannot be issued for parents.**

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. Please attach a copy of passport for each family member for whom an I-20/DS-2019 is requested.

- Will your family member/dependents apply for F-2 or J-2 visa? Yes No where: _____
- Date of intended arrival of dependent family member(s): **OIE will begin insurance billing based on this date! If they do not arrive you must provide a written notarized NONARRIVAL statement to OIE prior to this date.**

PRINTED NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP
Last Name First Name	MM/DD/YYYY	City/Country	
Last Name First Name	MM/DD/YYYY	City/Country	
Last Name First Name	MM/DD/YYYY	City/Country	
Last Name First Name	MM/DD/YYYY	City/Country	

ALL DEPENDENTS MUST CHECK IN INPERSON WITHIN 5 DAYS OF ARRIVAL OR THE F-1/J-1 WILL BE SUBJECT TO TERMINATION.

- Signature _____ Date _____

PLEASE ALLOW FOR 30 DAYS MINIMUM FOR PROCESSING

*Bring completed forms along with any required documents or copies to 201 Hargis hall

OIE Office use only				
Program Dates	Begin	____/____/____	End	____/____/____
GOINTL <input type="checkbox"/>	SPAIDEN <input type="checkbox"/>	SHATERM <input type="checkbox"/>	SFAREGQ <input type="checkbox"/>	SOAHOLD <input type="checkbox"/>
Approved by:	_____		Date:	_____
Remarks:	_____			