

Dependent Form

(Complete every quarter and provide copies of any new documents)

Dependent 1

Dependent NAME (family)				(given)		(middle/maiden)		(nickname)	
EWU ID # (if any)			COUNTRY OF CITIZENSHIP			COUNTRY OF LEGAL PERMANENT RESIDENCE			
CITY OF BIRTH						COUNTRY OF BIRTH			
GENDER (choose one)		DATE OF BIRTH (mm/dd/yy)			F-1 STUDENT'S NAME AND EWU ID#				

Visa Stamp # (Control Number)		Is this dependent a U.S. Citizen?	
		YES (no further data required) NO (please complete all immigration information)	
Visa Type (circle one)		I-94 Arrival Departure Record#	
F-2 Other _____			
Visa Expiration Date (mm/dd/yyyy)		I-94 Entry Date (mm/dd/yyyy)	
Visa Number Of Entries (Check One)		I-94 Expiration Date or D/S	
1 2 M			
Passport Number		I-94 Port of Entry	
Passport Expiration Date (mm/dd/yyyy)		SEVIS No. (I-20/DS-2019)	
		N	
Passport Issuing Country		SEVIS Program End Date (mm/dd/yyyy)	

Dependent 2

Dependent NAME (family)				(given)		(middle/maiden)		(nickname)	
EWU ID # (if any)			COUNTRY OF CITIZENSHIP			COUNTRY OF LEGAL PERMANENT RESIDENCE			
CITY OF BIRTH						COUNTRY OF BIRTH			
GENDER (choose one)		DATE OF BIRTH (mm/dd/yy)			F-1 STUDENT'S NAME AND EWU ID#				

Visa Stamp # (Control Number)		Is this dependent a U.S. Citizen?	
		YES (no further data required) NO (please complete all immigration information)	
Visa Type (check one)		I-94 Arrival Departure Record#	
F-2 Other _____			
Visa Expiration Date (mm/dd/yyyy)		I-94 Entry Date (mm/dd/yyyy)	
Visa Number Of Entries (Check One)		I-94 Expiration Date or D/S	
1 2 M			
Passport Number		I-94 Port of Entry	
Passport Expiration Date (mm/dd/yyyy)		SEVIS No. (I-20/DS-2019)	
		N	
Passport Issuing Country		SEVIS Program End Date (mm/dd/yyyy)	

Dependent Form

(Complete every quarter and provide copies of any new documents)

Dependent 3

Dependent NAME (family) (given) (middle/maiden) (nickname)			
EWU ID # (if any)	COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE	
CITY OF BIRTH		COUNTRY OF BIRTH	
GENDER (choose one)	DATE OF BIRTH (mm/dd/yy)	F-1 STUDENT'S NAME AND EWU ID#	

Visa Stamp # (Control Number)	Is this dependent a U.S. Citizen? YES (no further data required) NO (please complete all immigration information)
Visa Type (check one) F-2 Other _____	I-94 Arrival Departure Record#
Visa Expiration Date (mm/dd/yyyy)	I-94 Entry Date (mm/dd/yyyy)
Visa Number Of Entries (Check One) 1 2 M	I-94 Expiration Date or D/S
Passport Number	I-94 Port of Entry
Passport Expiration Date (mm/dd/yyyy)	SEVIS No. (I-20/DS-2019) N
Passport Issuing Country	SEVIS Program End Date (mm/dd/yyyy)

Dependent 4

Dependent NAME (family) (given) (middle/maiden) (nickname)			
EWU ID # (if any)	COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE	
CITY OF BIRTH		COUNTRY OF BIRTH	
GENDER (choose one)	DATE OF BIRTH (mm/dd/yy)	F-1 STUDENT'S NAME AND EWU ID#	

Visa Stamp # (Control Number)	Is this dependent a U.S. Citizen? YES (no further data required) NO (please complete all immigration information)
Visa Type (check one) F-2 Other _____	I-94 Arrival Departure Record#
Visa Expiration Date (mm/dd/yyyy)	I-94 Entry Date (mm/dd/yyyy)
Visa Number Of Entries (Check One) 1 2 M	I-94 Expiration Date or D/S
Passport Number	I-94 Port of Entry
Passport Expiration Date (mm/dd/yyyy)	SEVIS No. (I-20/DS-2019) N
Passport Issuing Country	SEVIS Program End Date (mm/dd/yyyy)

QUARTER/SEMESTER _____

