

3141 Chestnut Street, Main Building Suite 222 Phone: 215.895.2502 Email: <u>isss@drexel.edu</u>

Office Hours: Monday – Friday, 9am – 5pm ET

## **Add A Dependent**

## F-1/J-1 Student Information (please type or write clearly):

Family/Last Name:			Give	Given/First Name:			
Student ID Number:			Emai	Email:			
New [	Dependent Info	rmation (please typ	e or write cl	early):			
Family/Last Name:			Give	Given/First Name:			
Date of Birth:			City	City of Birth:			
Country of Birth:			Cour	Country of Citizenship:			
Country of Legal Permanent Residence:			Rela	tionship to you:	Spouse	Child	
tuition the len	, fees, and living gth of time your	nts by providing proof expenses (detailed or dependent(s) remain ependent(s) by meeti	n your I-20/DS in the United	-2019). The amount Stated. You must p	is the same regrovide financial	gardless of	
		Dependent(s)	Amo				
		Spouse Each Child	\$4,00 \$2,00				
	This form, sign	ancial support docume	·	ollowing must be su	bmitted to the	ISSS office:	
	□ Copies of the dependent(s) valid passport's biographical information page						
No	te: only items in Eng	lish or officially translation	to English are ac	ceptable.			
Once a	ll items are gath	ered, please scan and	email PDF do	cuments to <u>isss@dr</u>	exel.edu		
By sign	ning/typing my r	name below, I confirm	that all infor	mation provided is	accurate.		
Studer	ıt's Signature:				Date:		
	<u> </u>	(Туре	or sign)		Date:	'dd/yyyy)	