**MICHIGAN SCHOOL OF PROFESSIONAL PSYCHOLOGY**
**I-20 INFORMATION FOR DEPENDENTS OF F-1 STUDENTS**
**(SPOUSE AND CHILDREN)**

F-1 STUDENT'S NAME: _____
Family First Middle

DEPENDENT INFORMATION:

| Family Name | First Name | Date of Birth | Country of Birth | Relationship to F-1 student |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

_____ _____
Signature of F-1 Student Date

**Note**: Please attach a copy of the passport, visa, and I-94 (front & back) for each dependent.