



# FOOTHILL COLLEGE

Office of International Admissions

12345 El Monte Road • Los Altos Hills, CA 94022-4599 • Fax: (650) 949-7080

## DEPENDENT INFORMATION FORM (For F-2 Visa)

⇒ Financial support of \$9,000.00US per dependent, per year is required for F-2 Visa

⇒ Please note that F-2 dependents are not authorized to study in the United States

### PART I: Applicant Information:

**APPLICANT NAME** \_\_\_\_\_  
Last (family/sur name) First (given name) Middle Name

◆ Will your spouse come to live with you in the United States? \_\_\_\_ Yes \_\_\_\_ No

◆ Will your children come to live with you in the United States? \_\_\_\_ Yes \_\_\_\_ No

### PART II: Dependent Information:

If your spouse and/or children will come to Foothill with you as F-2 visa holders, please provide the following information:

A COPY OF EACH DEPENDENT'S PASSPORT PAGE MUST BE PROVIDED. Write your dependent's names as they appear in their passports.

**NAME OF SPOUSE** \_\_\_\_\_  
Last (family/sur name) First (given name) Middle Name

Date of birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Month/Day/Year

Country of Citizenship \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_  
Last (family/sur name) First (given name) Middle Name

Date of birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Month/Day/Year

Country of Citizenship \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_  
Last (family/sur name) First (given name) Middle Name

Date of birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Month/Day/Year

Country of Citizenship \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_  
Last (family/sur name) First (given name) Middle Name

Date of birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Month/Day/Year

Country of Citizenship \_\_\_\_\_