



## International Graduate Student Supplemental Information Form

*THIS FORM MUST BE ACCOMPANIED BY A VALID PASSPORT FOR EACH DEPENDENT*

*This information is necessary for I-20 completion if you will have family members accompanying you to the U.S.*

Applicant (Student) Name: \_\_\_\_\_ FHSU ID: \_\_\_\_\_  
(As on Passport) Last (Family) First (Given) Middle If available

### Applicant's Family Information:

Applicants with spouse and/or children must show additional certified funds: at least \$4,000 for spouse per year, and \$2,000 per child per year. Immediate family members must also purchase health insurance for an additional cost.

Married      Single

Spouse's Name (if applicable): \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(As on Passport) Last (Family) First (Given) Middle

Country of Birth (if different from citizenship): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Is your spouse also applying to FHSU?      Yes      No

Is your spouse going to accompany you to FHSU?      Yes      No

List any children who will accompany you:

<u>Name</u>	<u>Birth Date</u>	<u>Country of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any of the family members above studied at FHSU?      Yes      No

Applicant (Student) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year