

CHANGE OF STATUS: F-1 STUDENT TO F-2 DEPENDENT

In order to change from a student to dependent status, your F-1 spouse must be in the United States in valid F-1 status at the time you are requesting this change.

NOTE: *If you are traveling outside of the U.S., you can accomplish the change by taking a dependent I-20 and obtain an F-2 Visa at a U.S. Consulate for re-entry to the U.S. All documents normally required for a visa will be required (i.e. valid passport, financial verification and proof of relationship to F-1 student i.e., marriage certificate).*

APPLICATION PROCEDURE

PART #1: Make an appointment and bring the following to OISS:

- Completed [Form I-20 Application](#) (attached)
- [Form I-94](#)
- Original [Form I-20](#)
- A copy of your marriage certificate (English translation required)
- Passport
- Financial verification

PART #2: The student must send the following documents to the lockbox

- Completed [Form I-539](http://www.uscis.gov/i-539) (<http://www.uscis.gov/i-539>)
- Completed [Form G-1145](https://www.uscis.gov/g-1145) (<https://www.uscis.gov/g-1145>)
- A \$370.00 check or money order made payable to Department of Homeland Security for the I-539 filing fee
- A separate \$85 check or money order made payable to Department of Homeland Security to cover the biometric services fee
- A copy of your marriage certificate (English translation required)
- A copy of your spouse's [Form I-94](#) and [Form I-20](#)
- Copy of your [Form I-94](#) and [Form I-20](#)
- Copies of the data pages in each individual's passport
- Documentation which verifies the source and amount of financial support

PART #3: Send the documents from PART #2 by certified mail to either:

For U.S. Postal Service (USPS) Deliveries:

USCIS
PO Box 660166
Dallas, TX 75266

For Express Mail and Courier Deliveries:

USCIS
ATTN: I-539
2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067

NOTE: It may take up to 6 months to get a response from USCIS. If you have not received an answer after 4 months from the date the application was received by USCIS, speak with an advisor in OISS. You can check your status at <http://www.uscis.gov/portal/site/uscis> with your receipt number.

REASON FOR NEW I-20 (Please check all that apply)

Part Time Commuting Canadian *

Requesting I-20 For: Semester: _____ Year: _____

In my previous semester: Semester: _____ Year: _____, I was Full Time Part Time

REMINDER: You are not eligible for on-campus employment on the part-time I-20

All my courses will be online this semester

Commuting Canadian changing from Part-Time to Full-Time * for: Semester: _____ Year: _____

Entry to Regain Status *

Reinstatement Within the U.S. *

Change of Major *

New Major: _____

Start Date: ____/____/____ Expected Graduation Date: ____/____/____

Change of Program Level *

From: _____ To: _____

Change of Visa Status * (Example: Changing from F-2 to F-1, or H-4 to F-1, etc.)

Current Visa Status: _____ New Visa Status: _____

Pursuing Second Degree Program *

New Program: _____

Start Date: ____/____/____ Expected Graduation Date: ____/____/____

NOTE: Proof of Admission Must Be Attached.

Program Extension *

Reason for Extension: _____

New Program End Date: ____/____/____

Other: _____

Dependents * (ONLY if you are requesting an I-20 for them.)

Please provide the following information for each dependent you are requesting an I-20 for.

REMINDER: Proof of relationship is required. Please bring the appropriate documents such as marriage certificate, birth certificate, etc. as needed to properly establish your relationship to the dependent listed.

Name (Last, First Middle)	Date of Birth	Country of Birth	Country of Citizenship	Relationship

* Asterisk indicates that new financial documentation is required if the current financial documents OISS has on file are more than 6 months old.

PLEASE COMPLETE PAGE 2 OF THIS FORM

IDENTIFICATION INFORMATION

Last Name:		First & Middle Name:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Current Visa Type:	
SEVIS ID:		WSU ID:	
Country of Birth:		Country of Citizenship:	

CURRENT PROGRAM INFORMATION

Current Degree Program: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Pharm.D. <input type="checkbox"/> Other – Please Specify: _____	
Major:	Department:
Program Start Date:	Program End Date:

U.S. CONTACT INFORMATION

Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
WSU Email:		Personal Email:

FOREIGN ADDRESS

Address:			
City:	Province:	Postal Code:	Country:

FINANCIAL RESOURCES (If required. Marked by Asterisks on Page 1)
Please attach copies of appropriate documentation.

<input type="checkbox"/> Student Personal Funds Amount: _____
<input type="checkbox"/> Funds from WSU (Scholarships, Assistantships, etc.) Amount: _____ Source: _____
<input type="checkbox"/> Funds from other sources (Specify source) Amount: _____ Source: _____
<input type="checkbox"/> On Campus Employment: Amount: _____ Employer: _____
<input type="checkbox"/> I will pick up the I-20
Student's Signature: _____ Date: _____

OISS STAFF ONLY

Application Reviewed By: _____ Date: _____