

DEPENDENT SUPPLEMENT**COMPLETE IN FULL:**

NAME OF SAIC STUDENT

SAIC STUDENT ID

Expected Visa Type of Dependents: F-2 (academic or language training) J-2 (exchange visitor)**Print names as they appear in passport:****DEPENDENT 1:** GENDER: _____

FAMILY/SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MONTH/DAY/YEAR)

CITY OF BIRTH

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

RELATIONSHIP TO STUDENT

DEPENDENT 2: GENDER: _____

FAMILY/SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MONTH/DAY/YEAR)

CITY OF BIRTH

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

RELATIONSHIP TO STUDENT

DEPENDENT 3: GENDER: _____

FAMILY/SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MONTH/DAY/YEAR)

CITY OF BIRTH

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

RELATIONSHIP TO STUDENT

Please submit this form along with photocopies of each dependent's passport biographical page to International Affairs via email (intaff@saic.edu) or fax (+1.312.629.6831). Evidence of additional funding in the amount of US \$6,300 (spouse only), \$5,300 (1 child only), \$11,600 (spouse + child), or \$16,900 (spouse + 2 children) is also required.