

CHANGE OF STATUS – F1 STUDENT to F2 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:

1. Completed Form I-20 Application (attached)
2. Form I-94
3. Original Form I-20
4. A copy of your marriage certificate (English translation required)
5. Passport
6. Financial verification

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

1. Completed Form I-539 (<http://www.uscis.gov/i-539>)
2. A \$370 check or money order made payable to Department of Homeland Security
3. A copy of your marriage certificate (English translation required)
4. A copy of your spouse's Form I-94 and Form I-20
5. Copy of your Form I-94 and Form I-20
6. Copies of the data pages in each individual's passport
7. 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 adviser in OISS. You can check your status at <http://www.uscis.gov/portal/site/uscis> with your receipt number.*

WAYNE STATE UNIVERSITY
OISS APPLICATION FOR I-20

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

- Part-time Commuting Canadian for the:** (Semester) _____ (Year) _____
 Previous semester: _____ you were: Full-time Part-time
 REMINDER: You are not eligible for on-campus employment on the part-time I-20

- Will you be taking all your courses online this semester:** Yes No

- Part-time changing to Full-time Commuting Canadian for the:** (Semester) _____ (Year) _____ *

- Entry to Regain Status** *

- Reinstatement Within the U.S.** *

- Change of Major** *
 New Major: _____ Session Start Date: _____
 Expected Graduation Date: _____

- Change of Program Level**
 From: _____ To: _____

- Pursuing Second Degree Program** *
 New Program Name: _____ New Program Start Date: _____
 Expected Graduation Date: _____ (*Proof of Admission must be attached*)

- Program Extension** *
 Reason for Extension: _____ New Program End Date: _____

- Other:** _____

- Dependents*** (*Please write dependents name below ONLY if you are requesting an I-20 for your dependent(s), AND BRING PROOF OF RELATIONSHIP, SUCH AS MARRIAGE CERTIFICATE, BIRTH CERTIFICATE, ETC.*)

Last Name	First Name	Middle Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

(*) Asterisk indicates that new financial documentation is required if current financial documentation is more than 6 months old.

PLEASE COMPLETE PAGE 2 OF THIS FORM

WAYNE STATE UNIVERSITY

OISS APPLICATION FOR I-20

PERSONAL DATA			
Visa Type:		WSU Email:	
SEVIS ID (From I-20):		WSU ID:	
Please Check: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):	
Country of Citizenship:		Country of Birth:	
Last Name:	First Name:	Middle Name:	
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:		Academic Department:	
Program Start Date:		Program End Date:	
FINANCIAL RESOURCES (If Required, Marked by Asterisks * on Page 1)			
Student Personal Funds:		Funds From This School: (Scholarships, Assistantships, etc.)	
Funds From Other Sources: (Specify Source)		On Campus Employment:	
FOREIGN ADDRESS			
Street:			
City:		Province:	
Postal Code/ Zip Code:		Country:	
U.S. ADDRESS			
Street:			
City:	State:	Zip Code:	
TELEPHONE			
Home:	Work:	Mobile:	
<input type="checkbox"/> I will pick up I-20 Student's signature: _____ Date: _____			
OISS STAFF ONLY Application Reviewed By: _____ Date: _____			