



Cultural Center for Language Studies
Fluency in Languages

DEPENDENT INFORMATION FORM

Complete all fields for each dependent. Please type or print in block letters.

Note: Only the spouse and unmarried children under the age of 21 can be dependents of an F-1 student.

Applicant's name, as shown on the passport:

First and Middle Names (if applicable)	Last Name

Dependent 1:

First and Middle Names (if applicable)	Last Name

Note: Name must match the passport. Please submit a copy of the passport identification page along with this application

Relationship to the student: () Spouse () Child

Date of birth (month/day/year): _____ Gender: () Male () Female () Unspecified

Nationality: _____ Country of birth: _____

Dependent 2:

First and Middle Names (if applicable)	Last Name

Note: Name must match the passport. Please submit a copy of the passport identification page along with this application

Relationship to the student: () Spouse () Child

Date of birth (month/day/year): _____ Gender: () Male () Female () Unspecified

Nationality: _____ Country of birth: _____

Please upload a copy of each dependent's passport identification page along with this form and the student's complete application to the school management system. You can also email it to f1@cclsnj.edu. The i-20 will only be processed when all required documentation, signed by the applicant, is received, reviewed, and approved by CCLS New Jersey. If you have additional dependents, you may duplicate this form as needed.