

# REMOVE DEPENDENT FORM

This form is to be used by continuing MU students to request that a dependent be removed from your I-20 or DS-2019. A new I-20/DS-2019 form will be printed for you. Submit this form with required documents via email to [International.services@millersville.edu](mailto:International.services@millersville.edu) or schedule an appointment.

**Please allow one week for processing.**

First Name, Middle Initial	Last Name	Millersville Email	
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone	Student ID Number
Current Address (U.S.) (Full Street Address, City, State, Zip Code)			
Permanent Address (Outside U.S.) (Full Street Address, City, State, Zip Code <i>(if applicable)</i> , Nation)			

## CHECKLIST OF REQUIRED DOCUMENTS WHICH MUST ACCOMPANY THIS FORM TO BE PROCESSED

- ☐ Copy of your current I-94
- ☐ Copy of your current I-20 (pages 1 & 2)
- ☐ If available, copy documenting your dependent's current immigration status if still in US
- ☐ Copy of documentation demonstrating the cause for removal. (May include airline boarding pass, status change, divorce certificate, death certificate, etc.)
- ☐ An unofficial transcript downloaded from MAX

## PLEASE COMPLETE FOR EACH DEPENDENT YOU REQUEST BE REMOVED FROM YOUR I-20/DS-2019

Dependent Name (Last, First, Middle)	Birthdate (mm/dd/yyyy)	Dependent is In OR Out of U.S.	Dependent's current US immigration status if in US	Reason for Removal (documentation required)

## READ THE STATEMENT BELOW AND SIGN

- I certify I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, true and accurate.
- I understand I (and any F-2 or J-2 dependents) must have Millersville University approved health insurance for the duration of my F-1 or J-1 status.
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), to the office of International Programs and Services as well as through MAX within 10 days of the change.
- **I understand this form must be completed in DocuSign or submitted physically with a wet signature.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_