



# Cypress College

**International Students Program**  
9200 Valley View Street Cypress,  
CA 90630-5897  
tel: (714) 484-7049  
fax: (714) 826-3360  
[international@cypresscollege.edu](mailto:international@cypresscollege.edu)

## F-2 STATUS VERIFICATION

### Section A: To be completed by the student in F-2 status

Please complete this section and then give this form to the school official/ advisor of your parent or spouse.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Passport Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

### Section B: To be completed by F-1 student's International Advisor/DSO

The above named applicant in Section A is an F-2 dependent of the F-1 student who is currently attending your school. The dependent is applying for admission at Cypress College. In compliance with USCIS regulations, we request your confirmation of the F-1 visa student's status at your institution to help us determine if the applicant with F-2 dependent status is eligible for admission at Cypress College. Please complete this section and return to the International Students Program office at Cypress College via fax or e-mail.

F-1 Student's Name: \_\_\_\_\_  
Last First Middle

Name of Institution: \_\_\_\_\_

\_\_\_\_\_  
Institution Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

Dates of attendance: \_\_\_\_\_

Specify the type of program:  Language School  College/University  Other: \_\_\_\_\_

The F-1 student is **in status** and is/has been pursuing a full-course of study and is eligible to transfer.

The F-1 student is **out of status**. Please explain:

\_\_\_\_\_  
PDSO/DSO Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
PDSO/DSO Signature

\_\_\_\_\_  
Date