## Madison College

## F-2 DEPENDENT INFORMATION

If your spouse and/or children wish to apply for the F-2 visa to accompany you in the U.S., please provide dependent(s) information and send passport copies for each dependent to Error! Hyperlink reference not valid.

You must provide additional financial support to cover the estimated dependent expenses.

If a spouse or child/children will be coming to the U.S. on an F-2 or M-2 visa, please provide the following additional financial support documentation for each dependent:

## Spouse: Each child:

Living Expenses - \$5,750.00 Health Insurance - \$1,812.00\*

Total: \$7,562.00

Living Expenses - **\$7,850.00** Health Insurance - **\$1,812.00\*** 

Subtotal: \$9,662.00 x Number of Children

## International Student Applicant's (F-1 Visa Holder) Information:

Name:								
	First/Given	Middle			Last	/Family		
Depend	ent 1:							
Name:								
	First/Given	Middle			Last,	/Family		
Relationshi	ip: 🗌 Spouse (add \$7,56	52 to estimated expense	s)					
	☐ Child (add \$9,662	to estimated expenses)						
Birth date	(month/day/year):		Gender:		Male		Female	
Country of	f Birth:		Country of Citizenship:					
Depend	ent 2:							
Name:								
	First/Given	Middle			Last	/Family		
Relationshi	ip: 🗌 Spouse (add \$7,56	62 to estimated expense	s)					
	☐ Child (add \$9,662	to estimated expenses)						
Birth date	(month/day/year):		Gender:		Male		Female	
Country of Pirth			Country of Citizanship:					

Dependent 3:							
Name:							
First/Given	Middle	Last/Family					
Relationship: Spouse (add \$7,562 to	o estimated exper	ises)					
☐ Child (add \$9,662 to 6	estimated expense	es)					
Birth date (month/day/year):		Gender: Male Female					
Country of Birth:		Country of Citizenship:					
Dependent 4:							
Name:							
First/Given	Middle	Last/Family					
Relationship: Spouse (add \$7,562 to	o estimated exper	ises)					
☐ Child (add \$9,662 to 6	estimated expense	es)					
Birth date (month/day/year):		Gender: Male Female					
Country of Birth:		Country of Citizenship:					
Dependent 5:							
Name:							
First/Given	Middle	Last/Family					
Relationship: Spouse (add \$7,562 to	o estimated exper	ises)					
☐ Child (add \$9,662 to 6							
Birth date (month/day/year):	•	Gender: Male Female					
Country of Birth:		Country of Citizenship:					