



Madison College F-2 Dependent Information Form

If your spouse and/or children wish to apply for the F-2 visa to accompany you to the United States, please provide dependent(s) information below and send passport copies for each dependent(s) to [intl admission@madisoncollege.edu](mailto:intladmission@madisoncollege.edu).

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

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

Spouse:

Living Expenses: \$14,546
Health Insurance: \$1,848*
Total: \$16,394

Each Child:

Living Expenses: \$14,546
Health Insurance: \$1,848*
Subtotal: \$16,394 x Number of Children

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

Name: _____
First/Given Name: Middle Name Last/Family Name

Dependent 1:

Name: _____
First/Given Name: Middle Name Last/Family Name

Relationship: ☐ Spouse (add \$16,394 to estimated expenses)
☐ Child (add \$16,394 to estimated expenses)

Birth Date (month/day/year): _____ **Gender:** ☐ Male ☐ Female

Country of birth: _____ **Country of Citizenship:** _____



Dependent 2:

Name: _____
First/Given Name: _____ Middle Name: _____ Last/Family Name: _____

Relationship: ☐ Spouse (add \$16,394 to estimated expenses)
☐ Child (add \$16,394 to estimated expenses)

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Country of birth: _____ Country of Citizenship: _____

Dependent 3:

Name: _____
First/Given Name: _____ Middle Name: _____ Last/Family Name: _____

Relationship: ☐ Spouse (add \$16,394 to estimated expenses)
☐ Child (add \$16,394 to estimated expenses)

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Country of birth: _____ Country of Citizenship: _____

Dependent 4:

Name: _____
First/Given Name: _____ Middle Name: _____ Last/Family Name: _____

Relationship: ☐ Spouse (add \$16,394 to estimated expenses)
☐ Child (add \$16,394 to estimated expenses)

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Country of birth: _____ Country of Citizenship: _____

Dependent 5:

Name: _____
First/Given Name: _____ Middle Name: _____ Last/Family Name: _____

Relationship: ☐ Spouse (add \$16,394 to estimated expenses)
☐ Child (add \$16,394 to estimated expenses)

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Country of birth: _____ Country of Citizenship: _____