



# 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 [intladmission@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: \$1,900\*  
**Total: \$16,446**

**Each Child:**

Living Expenses: \$14,546  
Health Insurance: \$1,900\*  
**Subtotal: \$16,446 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: \_\_\_\_\_

