

International Student Dependent Information & Form

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:
 - Living Expenses - **\$5,750.00**
 - Health Insurance - **\$1,155.00***
 - TOTAL: **\$6,905.00**

- Each child:
 - Living Expenses - **\$7,850.00**
 - Health Insurance - **\$830.00***
 - Subtotal: **\$8,680 x Number of Children**

**Note: This is the lowest anticipated amount that should be budgeted for health insurance. It is based on a plan that is non-compliant with the Affordable Care Act and therefore has limitations, exclusions, and various gaps in coverage. If you wish to purchase a plan that provides unlimited coverage with no pre-existing condition restrictions, please budget considerably more for annual health insurance costs. For assistance with selecting a plan that suits the needs of your dependents, we recommend contacting the Center for International Education office.*

Print the F-2-M-2 Dependent Visa Information Form and submit to:
[intl admission@madisoncollege.edu](mailto:intladmission@madisoncollege.edu) (link sends e-mail) or:

International Admissions
1701 Wright Street
Madison, WI 5374

F-2/M-2 Dependent Information

If your spouse and/or children wish to apply for the F-2/M-2 visa to accompany you in the U.S., please provide dependent(s) information

Dependent 1:

Name (first, middle, last) _____

Relationship: spouse (add \$6,905 to estimated expenses)

child (add \$8,680 to estimated expenses)

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

Country of Birth: _____ Country of Citizenship _____

Dependent 2:

Name (first, middle, last) _____

Relationship: spouse (add \$6,905 to estimated expenses)

child (add \$8,680 to estimated expenses)

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

Country of Birth: _____ Country of Citizenship _____

Dependent 3:

Name (first, middle, last) _____

Relationship: spouse (add \$6,905 to estimated expenses)

child (add \$8,680 to estimated expenses)

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

Country of Birth: _____ Country of Citizenship _____

Dependent 4:

Name (first, middle, last) _____

Relationship: spouse (add \$6,905 to estimated expenses)

child (add \$8,680 to estimated expenses)

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

Country of Birth: _____ Country of Citizenship _____

Dependent 5:

Name (first, middle, last) _____

Relationship: spouse (add \$6,905 to estimated expenses)

child (add \$8,680 to estimated expenses)

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

Country of Birth: _____ Country of Citizenship _____