



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 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 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 - **\$2,209.00***
 Total: **\$7,959.00**

Each child:

Living Expenses - **\$7,850.00**
 Health Insurance - **\$2,209.00***
 Subtotal: **\$10,059 x Number of Children**

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

Name: _____
First/Given Middle Last/Family

Dependent 1:

Name: _____
First/Given Middle Last/Family

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/Given Middle Last/Family

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/Given Middle Last/Family

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/Given Middle Last/Family

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/Given Middle Last/Family

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: _____