



**Graduate International Student
Financial Support Form
Dependents (F-2 visa) 2014/2015**

If your funds will come from a private sponsor or a government or other sponsoring agency, they must also sign and certify this form. Signatures certify that you and your sponsors have read this form, that it is a true and complete statement, and that the funds are available and will be provided as indicated.

Name of Dependent (printed)

Name of Student, that F-2 visa holder is dependent on

Date

Name of Sponsor (printed)

Signature of Sponsor

Relationship to Student/Dependent



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Living Expenses Estimate for Dependant of International Student for the 2014/2015 school year are listed below. Travel expenses are not included. Your funds must meet or exceed the total amount.

Estimated Living Expenses (one year) \$3,366

Health insurance

for Spouse \$3,450*
for Dependent Child \$2,683.20*
(per child)

TOTAL Estimated Expenses between: \$6,816-\$9,499.20

***If you have your own health insurance coverage, you can subtract this cost.**

Please list your fund amounts and sources:

Savings or other personal funds \$ _____

Funds from your parents or sponsors \$ _____

Other sources of funding (name and amount) \$ _____

Name of funding source _____

TOTAL \$ _____