

OFFICE OF  
**International Education**

**Please Return To OIE:**

Office of International Education  
Marquette University  
Holthusen Hall, 4th floor  
P.O. Box 1881  
Milwaukee, WI 53201  
Email: michael.groen@marquette.edu

**DEPENDENT REQUEST AND FINANCIAL SPONSORSHIP FORM**

Dependents (F-2 status) are the spouse and/or children of F-1 students in valid status. Before OIE can issue an I-20 Form for a dependent we must receive information about the dependent, as well as proof of sponsorship for the dependent(s). The official Marquette University cost-of-living estimate is \$12,000 per year for a spouse and \$6,000 per year per child (with spouse present) for each of the years of your Marquette degree program.

If you would like to bring your spouse and/or children to join you in the United States, please complete Section I and then pass it to the appropriate person to complete Sections II and III. Return the completed form with a copy of the passport information page for each dependent (if available) to the Office of International Education (OIE). Once all information is received, your OIE advisor will issue an I-20 Form(s) for the dependent(s). You can collect the new I-20 Form(s) two (2) full business days later.

Please note: Your dependents will need to show proof of funding and proof of marriage when applying for their F-2 visa(s). Be sure to read and follow the visa requirements for the U.S. Embassy or Consulate where they apply.

**Section I: To be Completed by Student:**

**Please Print**

Your name (Last/Family, First) \_\_\_\_\_ MUID \_\_\_\_\_

Name of Dependent (1) (Last/Family, First) \_\_\_\_\_

This person is my (select one):  Spouse  Child Date of birth \_\_\_\_\_(MM/DD/YY)

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Name of Dependent (2) (Last/Family, First) \_\_\_\_\_

This person is my (select one):  Spouse  Child Date of birth \_\_\_\_\_(MM/DD/YY)

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Name of Dependent (3) (Last/Family, First) \_\_\_\_\_

This person is my (select one):  Spouse  Child Date of birth \_\_\_\_\_(MM/DD/YY)

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Name of Dependent (4) (Last/Family, First) \_\_\_\_\_

This person is my (select one):  Spouse  Child Date of birth \_\_\_\_\_(MM/DD/YY)

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Name of Dependent (5) (Last/Family, First) \_\_\_\_\_

This person is my (select one):  Spouse  Child Date of birth \_\_\_\_\_(MM/DD/YY)

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

## Financial Sponsorship for Dependents

Section II of this form should be completed by the official sponsor for your dependent(s), who should also arrange for appropriate notarization in Section III. If you have more than one sponsor, each sponsor should complete this section. (You can make copies if there are multiple sponsors.)

If your government will sponsor your dependent(s), please arrange for your government to send us its official sponsorship document, or attach the documentation to this form.

If you will be the sponsor for your dependents, please provide an official bank statement or evidence that proves the availability of the total amount of money for the full duration of your studies. You should complete Section II but not Section III.

### Section II: To be Completed and Signed by the Financial Sponsor:

Name of Marquette Student: \_\_\_\_\_

My relationship to this student is: \_\_\_\_\_

Name of Dependent (1) (First, Middle, Last/Family) \_\_\_\_\_

Name of Dependent (2) (First, Middle, Last/Family) \_\_\_\_\_

"I understand that this official cost estimate for a spouse is \$12,000 per year and that the estimate for each child is \$6,000 per year (with spouse present) for each of the years of the student's present Marquette degree program. I hereby guarantee that at least the indicated amount of money will be available to the listed dependent(s) promptly as their need arises beginning today and ending sixty days after the expected program completion date."

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Name (Printed) \_\_\_\_\_

Sponsor's Permanent Address \_\_\_\_\_

### Section III: To Be Completed and Signed by the Appropriate Official of the Sponsor's Locality (for example, a Notary Public, Higher Magistrate, or Oaths Administrator):

"I hereby certify that the person who has signed Part 1 is the same person whose name and address are given as declaring sponsorship for the student's dependents named above."

Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Official's Name (Printed) \_\_\_\_\_

Official's Title \_\_\_\_\_

Official Seal or Stamp: