

Affidavit of Support: Fall/September 2024 – Spring/January 2025 Exchange Students

Exchange students with J-1 student status are required by law to document that sufficient funds are available to cover all expenses while attending the university. Keep a copy of all financial support documents to present when you apply for your student visa.

EXPENSE

ESTIMATED EXPENSES:

Table is for reference and includes Spring/January and Fall/September semesters only.

UW-La Crosse

Date: _____

UW-La Crosse

| | | ONE SEMESTER (Fall or Spring) | | TWO SEMESTERS (Fall and Spring) | |
|---------------------------------|----------------|-------------------------------|---|---|--|
| Orientation Fee | | \$175 | | \$175 | |
| International Student Fee | | \$250 | | \$500 | |
| Housing (based on Eagle Hall) | | \$2,723 | | \$5,445 | |
| Meal Plan (based on the Eagle | | \$1,505 | | \$3,010 | |
| Meal Plan) | une Lugie | | 41,000 | ψ2,010 | |
| Health Insurance | | \$1,050 | | \$2,100 | |
| Personal Expenses | | \$750 | | \$1,500 | |
| TOTAL (USD) | | \$6,453 | | \$12,730 | |
| Length of study _ (select one): | one se | mester (Fall) | one semester (Spring | g) two semesters (Academic Year) | |
| Who will sponsor Amount of | | nt of | Required Documentation | | |
| you? | Support | | All statements should be on bank letterhead and certified (signed and | | |
| Check all that apply | | | stamped) by the bank. Documents must be less than six months old. | | |
| | | | Submit a copy of your certified bank statement with a current | | |
| □ Self | | | available balance greater than or equal to the amount indicated. | | |
| | \$ | | 1. Sign the statement of su | | |
| ☐ Relative(s) | | | 2. Submit a copy of your sponsor's certified bank statement with a | | |
| | | | | greater than or equal to the amount indicate | |
| | \$ | | | ntation from your government, university, o | |
| ☐ Other Sponsor | | | 1 0 | ing the amount of funding that will be | |
| | | | provided. | | |
| TOTAL AMOUNT | \$ | | | | |
| TOTALLAMOUNT | Ψ | | | | |
| | ed above while | e he/she attends | | By signing this document, I agree to be financia hat all costs may be subject to change. to Student: | |
| 1 | · / | | | | |
| lative/Sponsor's Signature: | | | | Date: | |
| dent's Name (Print) | | | | | |
| dent's Name (Print): | First/Giv | en Name | Sı | ırname/Family Name | |
| | | - | 5. | , | |
| . C. 1 . | | | | D / | |

Signature of student: