

OFFICE OF INTERNATIONAL EDUCATION

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www.uwlax.edu/oie/



Financial Certification Form

All applicants seeking F-1 or 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 to the U.S. Consul when you apply for your student visa. This form is not required if you are a U.S. citizen, permanent resident or if you are in the U.S. on another type of visa

Student's Name (Print) _____
Last/Family Name
First/Given Name
Middle Name

Please check all of the following that apply. You must include the required documentation confirming that you have sufficient funds to pay for your tuition and expenses while you study at UW-La Crosse. All letters and statements must be in English and must be original documents.

Amount available for your studies: \$ _____

(Minimum acceptable amount must be equal to or exceed the current estimated total for your program of study as indicated on the Office of International Education website: <http://www.uwlax.edu/oie/IA/Index.htm>)

Who will support you?**Required documentation:**

- SELF
Bank statement from your bank showing an exact dollar amount available
- PARENT(S)
Signature below and supporting bank statement showing an exact dollar amount available for your studies at UW-La Crosse. Name : _____
- RELATIVE(S)
Signature below and supporting bank statement showing an exact dollar amount available for your studies at UW-La Crosse.
Relationship : _____ Name : _____
- SPONSOR
Documentation from your government, employer or scholarship agency which shows the amount of funding that will be provided for your studies.
Name of Sponsor: _____
- OTHER
Signature below and supporting bank statement showing an exact dollar amount available for your studies at UW-La Crosse.
Relationship : _____ Name : _____

SIGNATURE OF SPONSOR: By signing this document, I agree to be financially responsible for the student named above while he/she attends the University of Wisconsin –La Crosse. I understand that all costs may be subject to change.

 Full Name Signature Date

 Full Name Signature Date

I certify that all information I have provided is correct and complete. I agree to be fully responsible for my tuition, fees and all living expenses while studying at the University of Wisconsin-La Crosse. I certify that I will not require additional assistance from the university. I understand that failure to pay all debts to the university will result in immediate dismissal.

Signature of student: _____ **Date:** _____

Marital Status: Single Married

Will your spouse or children accompany you? No Yes

*If yes, you must provide evidence of sufficient funding for your spouse and/or children. (additional \$4,500 required for spouse; \$2,000 for each child.