

**Admissions**

1725 State Street, La Crosse, WI 54601 USA  
 Tel: +001.608.785-8939 Fax: +001.608.785.8940  
 Email: [intladmissions@uwlax.edu](mailto:intladmissions@uwlax.edu)



## Affidavit of Support: Fall/September 2022 – Spring/January 2023 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.

### ESTIMATED EXPENSES:

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

EXPENSE	UW-La Crosse ONE SEMESTER (Fall or Spring)	UW-La Crosse TWO SEMESTERS (Fall and Spring)
Orientation Fee	\$175	\$175
International Student Fee	\$175	\$350
Housing (based on Eagle Hall)	\$2,710	\$5,415
Meal Plan (based on the Eagle Meal Plan)	\$1,355	\$2,710
Health Insurance	\$875	\$1,750
Personal Expenses	\$750	\$1,500
<b>TOTAL (USD)</b>	<b>\$6,040</b>	<b>\$11,900</b>

Length of study \_\_\_\_\_ **one semester (Fall)** \_\_\_\_\_ **one semester (Spring)** \_\_\_\_\_ **two semesters (Academic Year)**  
 (select one):

Who will sponsor you? Check all that apply	Amount of Support Enter amount in USD	Required Documentation
<input type="checkbox"/> Self	\$	Submit a copy of your certified bank statement with a current available balance greater than or equal to the amount indicated.
<input type="checkbox"/> Relative(s)	\$	1. Sign the statement of support below. 2. Submit a copy of your sponsor's certified bank statement with a current available balance greater than or equal to the amount indicated.
<input type="checkbox"/> Other Sponsor	\$	Submit a copy of documentation from your government, university, or scholarship agency indicating the amount of funding that will be provided.
<b>TOTAL AMOUNT</b>	<b>\$</b>	

**RELATIVE/SPONSOR'S STATEMENT OF FINANCIAL SUPPORT:** By signing this document, I agree to be financially responsible for the student named above while he/she attends UW-La Crosse. I understand that all costs may be subject to change.

Relative/Sponsor's Name (Print) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Relative/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_  

First/Given Name
Surname/Family Name

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_