Admissions
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UNIVERSITY of WISCONSIN
LA CROSSE

Affidavit of Support: Fall/September 2023 – Spring/January 2024
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)	$2,520	$5,040
Meal Plan (based on the Eagle Meal Plan)	$1,398	$2,795
Health Insurance	$850	$1,700
Personal Expenses	$750	$1,500
TOTAL (USD)	$5,868	$11,560

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

Who will sponsor you? Check all that apply	**Amount of Support** Enter amount in USD	**Required Documentation** All statements should be on bank letterhead and certified (signed and stamped) by the bank. Documents must be less than six months old.
☐ Self	$	Submit a copy of your certified bank statement with a current available balance greater than or equal to the amount indicated.
☐ 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.
☐ Other Sponsor	$	Submit a copy of documentation from your government, university, or scholarship agency indicating the amount of funding that will be provided.
TOTAL AMOUNT	$	

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: _____