

Affidavit of Support: Fall/September 2026 – Spring/January 2027
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	\$250	\$500
Housing (based on Eagle Hall)	\$2,875	\$5,745
Meal Plan (based on the Stryker Classic)	\$1,625	\$3,255
Health Insurance	\$1,125	\$2,250
Personal Expenses	\$750	\$1,500
TOTAL (USD)	\$6,800	\$13,425

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 All statements should be on bank letterhead and certified (signed and stamped) by the bank. Documents must be less than six months old.
<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.
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's Signature: _____ Date: _____

Student's Name (Print): _____
First/Given Name Surname/Family Name

Signature of student: _____ Date: _____