**Admissions**
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UNIVERSITY of WISCONSIN
LA CROSSE

# Affidavit of Support: Fall/September 2023 – Spring/January 2024

Students 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 when you apply for your student visa.

## ESTIMATED ANNUAL EXPENSES:

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

| EXPENSE | UW-La Crosse UNDERGRADUATE | UW-La Crosse GRADUATE | UW-La Crosse ESL Institute |
|---|---|---|---|
| Tuition and Fees | $18,825 | $20,885 | $11,650 |
| Housing | (Eagle Hall) $5,040 | (Reuter Hall) $6,470 | (Eagle Hall) $5,040 |
| Meal Plan (based on the Stryker Classic) | $2,795 | $2,795 | $2,795 |
| Health Insurance | $1,700 | $1,700 | $1,700 |
| Personal Expenses | $1,500 | $1,500 | $1,500 |
| **TOTAL** (USD) | $29,860 | $33,350 | $22,685 |

Program (circle one): **UW-La Crosse UNDERGRADUATE** **UW-La Crosse GRADUATE** **UW-La Crosse ESL Institute**

| **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 | $ | Attach 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.<br>2. Attach a copy of your sponsor's certified bank statement with a current available balance greater than or equal to the amount indicated. |
| ☐ Other Sponsor | $ | Attach a copy of documentation from your government, employer, or scholarship agency indicating the amount of funding that will be provided. |
| TOTAL AMOUNT * | $ | * Total amount must meet or exceed the estimated expenses for one academic year (9 months) of study from the table above. |

**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): _____ _____ _____
Surname/Family Name First/Given Name Middle Name

**Marital Status:** [ ] **Single** [ ] **Married** Will your spouse or children accompany you as F-2 dependents? [ ] **No** [ ] **Yes**
***If yes**, you must provide evidence of sufficient funding for your spouse and/or children (additional $5,000 required for spouse; $3,000 for each child). You must also submit passport copies of any dependents in need of an F-2 visa to the Admissions Office.

Signature of student: _____ Date: _____