1725 State Street, La Crosse, WI 54601 USA Tel: +001.608.785-8939 Fax: +001.608.785.8940

Program (circle one):

Signature of student:

Email: <u>intladmissions@uwlax.edu</u>



UW-La Crosse

Date:

Affidavit of Support: Fall/September 2019 – Spring/January 2020

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 Spring/January and Fall/September semesters only.

EXPENSE	UW-La Crosse UNDERGRADUATE/BACHELORS	UW-La Crosse GRADUATE/MASTERS
Tuition and Fees	\$18,497	\$20,555
Housing	(Eagle Hall) \$4,639	(Reuter Hall) \$5,992
Meal Plan (based on the Eagle	\$2,544	\$2,544
Meal Plan)		
Health Insurance	\$1,639	\$1,639
Personal Expenses	\$2,000	\$2,000
TOTAL (USD)	\$29,319	\$32,730

UW-La Crosse

UNDERGRADUATE GRADUATE Who will sponsor Amount of **Required Documentation** All statements should be on bank letterhead and certified (signed and you? Support stamped) by the bank. Documents must be less than six months old. Check all that apply Enter amount in USD Attach a copy of your certified bank statement with a current available □ Self balance greater than or equal to the amount indicated. 1. Sign the statement of support below. \square Relative(s) \$ 2. Attach a copy of your sponsor's certified bank statement with a current available balance greater than or equal to the amount indicated. Attach a copy of documentation from your government, employer, or \$ scholarship agency indicating the amount of funding that will be ☐ Other Sponsor provided. * Total amount must meet or exceed the estimated expenses for one academic year (9 months) of **TOTAL AMOUNT *** study from the table above. If you are studying for only one semester, only half of the total amount of the annual expenses need be demonstrated. 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: Date: Relative/Sponsor Signature: 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 ves, 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.