Admissions
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UNIVERSITY of WISCONSIN
LA CROSSE

Affidavit of Support: Fall/September 2020 – Spring/January 2021

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	$18,490	$20,550
Housing	(Eagle Hall) $4,640	(Reuter Hall) $5,990
Meal Plan (based on the Eagle Meal Plan)	$2,595	$2,595
Health Insurance	$1,770	$1,770
Personal Expenses	$2,000	$2,000
TOTAL (USD)	$29,495	$32,905

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

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. 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. 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: _____

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: _____