Admissions
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UNIVERSITY of WISCONSIN
LA CROSSE

Affidavit of Support: Fall/September 2021 – Spring/January 2022

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	$18,500	$20,600
Housing	(Eagle Hall) $4,780	(Reuter Hall) $6,170
Meal Plan (based on the Eagle Meal Plan)	$2,675	$2,675
Health Insurance	$1,770	$1,770
Personal Expenses	$2,000	$2,000
TOTAL (USD)	$29,725	$33,215

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..

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: _____