

1725 State Street, La Crosse, WI 54601 USA  
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Email: [intl admissions@uwlax.edu](mailto:intladmissions@uwlax.edu)



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.

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	\$175	\$350
Housing (based on Eagle Hall)	\$2,370	\$4,732
Meal Plan (based on the Eagle Meal Plan)	\$1,295	\$2,595
Health Insurance	\$885	\$1,770
Personal Expenses	\$1,000	\$2,000
<b>TOTAL (USD)</b>	<b>\$5,900</b>	<b>\$11,622</b>

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_

First/Given Name	Surname/Family Name
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Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_