

Affidavit of Support: Fall/September 2025 - Spring/January 2026 **Exchange Students**

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.

Signature of student: _____

ESTIMATED EXPENSES:

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		ONE SEM	\$175	\$175
International Student Fee		\$250		\$500
Housing (based on Eagle Hall)		\$2,810		\$5,620
Meal Plan (based on the Eagle		\$1,595		\$3,190
Meal Plan)			•	•
Health Insurance		\$1,100		\$2,200
Personal Expenses		\$750		\$1,500
TOTAL (USD)		\$6,680		\$13,185
Length of study (select one):	one se	mester (Fall)	one semester (Spring	g) two semesters (Academic Year)
Who will sponsor	Amount of		Required Documentation	
you?	Support Enter amount in USD		All statements should be on bank letterhead and certified (signed and	
Check all that apply			2	ments must be less than six months old.
□ Self	\$		Submit a copy of your certified bank statement with a current available balance greater than or equal to the amount indicated.	
☐ Relative(s)	\$		 Sign the statement of support below. Submit a copy of your sponsor's certified bank statement with a current available balance greater than or equal to the amount indicated. 	
☐ Other Sponsor	\$		Submit a copy of document	ntation from your government, university, or ting the amount of funding that will be
TOTAL AMOUNT	\$			
oonsible for the student namedative/Sponsor's Name (d above whi	le he/she attends	UW-La Crosse. I understand to	By signing this document, I agree to be financially hat all costs may be subject to change. to Student: Date:
dent's Name (Print):				urname/Family Name