ACADEMIC YEAR 2021-22 FINANCIAL VERIFICATION FORM

U.S. federal regulations require applicants seeking F-1 or J-1 student status document that sufficient funds are available to cover all expenses while attending the university. Submit a copy of these supporting documents to the Admissions Office with this completed form. Keep all original financial support documents to present to the U.S. Embassy/Consulate when applying for a student visa.

ESTIMATED ANNUAL EXPENSES:
Table is for reference and includes Spring and Fall semesters only.

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>UW-Eau Claire UNDERGRADUATE</th>
<th>UW-Eau Claire INTENSIVE ENGLISH PROGRAM</th>
<th>UW-Eau Claire GRADUATE</th>
<th>UW-Eau Claire BARRON COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$17,450</td>
<td>$14,050</td>
<td>$19,730</td>
<td>$13,350</td>
</tr>
<tr>
<td>Housing and Meals</td>
<td>$8,130</td>
<td>$8,130</td>
<td>$8,130</td>
<td>$7,160</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$1,900</td>
<td>$1,900</td>
<td>$1,900</td>
<td>$1,900</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$2,680</td>
<td>$2,680</td>
<td>$2,680</td>
<td>$2,680</td>
</tr>
<tr>
<td>TOTAL (USD)</td>
<td>$30,160</td>
<td>$26,760</td>
<td>$32,440</td>
<td>$25,090</td>
</tr>
</tbody>
</table>

STUDENT INFORMATION:
Family Name: ________________________________ Given Name: ________________________________________

Program (circle one): UW-Eau Claire UNDERGRADUATE UW-Eau Claire INTENSIVE ENGLISH PROGRAM UW-Eau Claire GRADUATE UW-Eau Claire BARRON COUNTY

Who will sponsor you? Amount of Support Attach Required Documentation
Check all that apply Enter amount in USD

□ Self $ Attach a copy of your certified bank statement with a current available balance greater than or equal to the amount indicated.

□ Relative(s) $ Name(s): ________________________________ Relationship to Student: ________________________________
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.
Name: ________________________________

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-Eau Claire. I understand that all costs may be subject to change.

Relative/Sponsor Signature: ____________________________________________________ Date: __________________

SIGNATURE OF STUDENT: I certify that all information I have provided is correct and complete. I agree to be fully responsible for my tuition, fees and all living expenses while studying at UW-Eau Claire. I understand that submission of false or inaccurate information will be considered sufficient cause to terminate my application or enrollment and that failure to pay all debts to the university may result in immediate dismissal.

Student Signature: ____________________________________________________ Date: __________________