

ACADEMIC YEAR 2025-26 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.

EXPENSE	UW-Eau Claire UNDERGRADUATE	UW-Eau Claire INTENSIVE ENGLISH PROGRAM	UW-Eau Claire GRADUATE	UW-Eau Claire BARRON COUNTY
Tuition and Fees	\$19,750	\$14,430	\$22,440	\$13,850
Housing and Meals	\$8,980	\$8,980	\$8,980	\$9,100
Health Insurance	\$2,300	\$2,300	\$2,300	\$2,300
Personal Expenses	\$2,690	\$2,690	\$2,690	\$2,690
TOTAL (USD)	\$33,720	\$28,400	\$36,410	\$27,940

STUDENT INFORMATION:

Family Name: _____ Given Name: _____

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

Who will sponsor you? ↓ Check all that apply	Amount of Support Enter amount in USD	Attach 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. At our discretion, we may reach out for additional documentation, as needed.
<input type="checkbox"/> Self	\$	Attach 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)	\$	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.
<input type="checkbox"/> 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.

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 UW-Eau Claire may contact my financial institution directly to verify any documentation provided. I understand that all costs may be subject to change.

Relative/Sponsor Signature: _____ Date: _____

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 UW-Eau Claire may contact my financial institution directly to verify any documentation provided. 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: _____