

## ACADEMIC YEAR 2026-27 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	\$20,605	\$14,430	\$23,435	\$14,460
Housing and Meals	\$9,315	\$9,315	\$9,315	\$10,220
Health Insurance	\$2,200	\$2,200	\$2,200	\$2,200
Personal Expenses	\$2,690	\$2,690	\$2,690	\$2,690
<b>TOTAL (USD)</b>	<b>\$34,810</b>	<b>\$28,635</b>	<b>\$37,640</b>	<b>\$29,570</b>

### 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
<input type="checkbox"/> Self	\$	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. 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: _____
<b>TOTAL AMOUNT *</b>	\$	* Total amount must meet or exceed the estimated expenses for one academic year (9 months) of study from the table above. J-1 applicants studying only one semester may show half.

**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: \_\_\_\_\_