

ACADEMIC YEAR 2026-27 FINANCIAL VERIFICATION FORM

Important: If you are coming to UW-Eau Claire through the Hessen-Wisconsin Exchange (Germany) agreement, please use the "Hessen-Wisconsin Exchange Financial Verification Form".

U.S. federal regulations require applicants seeking 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 Center for International Education 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 PROGRAM EXPENSES

Table below is for reference and details are subject to change:

EXPENSE	USD
Room and Board	\$4,660
Segregated Fees and Textbook Rental	\$1,912.56
Health Insurance	\$1,160
Orientation and Fees	\$425
Personal Expenses	\$1,345
TOTAL PROGRAM COST PER SEMESTER	\$9,502.56

STUDENT INFORMATION AND FUNDING SOURCES

Family Name: _____ Given Name: _____

How long will you study at UW-Eau Claire? Select one: One Semester Two Semesters

Complete the table to reflect how you will pay the TOTAL PROGRAM COST:

SPONSOR TYPE Check all that apply	AMOUNT OF FUNDS Enter the amount in USD(\$)	CERTIFIED FINANCIAL DOCUMENTS
<input type="checkbox"/> Government or University	\$	All statements should be on bank letterhead and certified (signed and stamped) by the bank. Documents must be less than six months old. Enclose an original or certified true copy of the award from your government or university sponsor. Name: _____
<input type="checkbox"/> Relative(s) and/or Sponsor(s)	\$	Relative(s) and/or sponsor(s) are required to sign this form; enclose certified bank statements or official letter from the sponsor's bank. Name(s): _____ Relationship to Student: _____
<input type="checkbox"/> Self	\$	Enclose a certified bank statement or official letter from your bank a current available balance greater than or equal to the amount indicated.
<input type="checkbox"/> Other	\$	Enclose a signed affidavit from an authorized person to verify the accuracy of award/funding.
TOTAL FUNDS*	\$	*Total amount must meet or exceed the estimated expenses 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 verify that I shall not require additional financial assistance from the university. 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: _____