



2025-2026 Certification of Finances Form Undergraduate Student

This form is necessary to certify that you have the ability to pay tuition and all living expenses for your first year of study at the University of Wisconsin River Falls. A Certificate of Eligibility (Form I-20) will not be issued unless this form is completed, and the necessary proof of finances are submitted.

STUDENT INFORMATION

Family Name: _____ Given Name: _____

Date of Birth (MM/DD/YYYY): _____ Email: _____

ESTIMATED ANNUAL EXPENSES (based on academic year 2024-2025 rates subject to change in the future)

Expense	Undergraduate
Tuition and Fees	\$ 18,270
Housing and Meals	\$ 8,117
Medical Insurance	\$ 2,143
Partial Renewable Tuition Waiver*	-\$3,000
TOTAL ESTIMATED AMOUNT**	\$25,530

*Waivers are subject to funding availability and student eligibility requirements. Students must maintain continuous full-time enrollment with a minimum cumulative 2.5 GPA to be considered for this benefit.

** The total estimated amount does not include, one time orientation fees (estimated \$250), summer or winter term related expenses, special student athletes' fees, nor personal expenses (shopping, transportation, phone services, etc.)

FUNDING (check all that apply)

Who will sponsor you?	Amount of Support	Required Documentation
<input type="checkbox"/> Self	\$	Bank statement under your name with a current balance equal or more than the indicated amount
<input type="checkbox"/> Relative(s)	\$	Signature(s) below and supporting financial documentation indicating a dollar amount available for your studies. Name: _____ Relationship to Student: _____
<input type="checkbox"/> Other Sponsor	\$	Documentation from your government, employer, or scholarship agency indicating the funding that will be provided for your studies. Name: _____
TOTAL AMOUNT*	\$	

*The total amount listed should meet or exceed the estimated annual expenses listed 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-River Falls. 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-River Falls. 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: _____

Please complete this form and submit along with the correct documentation to:
admissions@uwrf.edu

