



All undergraduate international applicants entering the U.S. on F-1 visas must submit a completed Confidential Financial Guarantee Form and current bank statement of the required amount to receive a SEVIS I-20A-B. This form provides evidence of the applicant's ability to pay all required educational, insurance and living costs per academic year. This is not required for United States citizens, refugees, applicants with permanent resident status, dependent visas, or DACA documentation. UL Lafayette estimates the average cost for an academic term of nine months to be:

Tuition and Fees	\$ 27,036.00
Health Insurance	\$ 2,050.00
Living Expenses	\$ 9,960.00
<u>Books and Supplies</u>	<u>\$ 1,385.00</u>
TOTAL	\$ 40,431.00

All fees are subject to change without notice. These fees are based on on-campus living. Off campus accommodations may be more expensive. Summer enrollment may require additional funding. Health insurance is mandatory. For dependents to be included on the SEVIS I-20AB, add \$2,000 per year per dependent to the total listed above.

Applicant Information

Last Name _____ First Name _____

Middle Name _____ Email Address _____

Street Address: _____ City: _____

Country _____ Zip Code: _____

To be completed by the applicant (Please type or print): E-mail address: _____

Last Name	First	Middle
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Current Mailing Address-Street	City	Country	Zip Code
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Amount of funding available in USD: _____

A current bank statement of liquid funding must be attached indicating that these funds are available for student use. The statement must be no older than 6 months and must indicate the exact numerical amount of funding. Pay stubs, investment funding, and bank statements of companies will not be accepted. Scholarship letters may be accepted for organizations that are recognized by the University.

Please itemize the source(s) and annual amount of funding available for your studies. You may include multiple personal checking or savings accounts; however, each must be supported by a current bank statement.

Source of Funds:

Sponsor Name: _____ Account Type: _____

Account Number: _____ Amount of Funding available USD: _____

Relationship to Applicant: _____

Source of Funds:

Sponsor Name: _____ Account Type: _____

Account Number: _____ Amount of Funding available USD: _____

Relationship to Applicant: _____

Source of Funds:

Sponsor Name: _____ Account Type: _____

Account Number: _____ Amount of Funding available USD: _____

Relationship to Applicant: _____

I have read and carefully reviewed the estimated expenses provided on this form. I understand that tuition and fees are payable at the beginning of each semester. I certify that the information provided is true and correct for admission and enrollment at the University of Louisiana at Lafayette and understand that inclusion of false information is grounds for dismissal from the University.

Applicant's Signature

Date

Please return this form with an attached bank statement to:
intl admissions@louisiana.edu OR admissions@louisiana.edu

It can be mailed to the following address:
Undergraduate Admissions and Recruitment
University of Louisiana at Lafayette
P.O. Box 41210
Lafayette, LA 70504

Phone: (337) 482-6473 / Fax: (337) 482-1317
REVISED: 03/20/2026