



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 in order 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 student's average cost for an academic term of nine months to be:

| | |
|----------------------------------|---------------------------|
| Tuition and Fees | \$ 25,798.00 |
| Health Insurance | \$ 1,818.00 |
| Living Expenses | \$ 7,468.00 |
| <u>Books and Supplies</u> | <u>\$ 1,300.00</u> |
| TOTAL | \$ 36,384.00 |

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.**

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

| | | |
|--------------------------------|-------|----------|
| Last Name | First | Middle |
| Current Mailing Address-Street | City | Country |
| | | Zip Code |

Amount of funding available in U.S. dollars: _____

(A current bank statement of at least \$36,384 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.)

List the source(s) of funds and the amount from each source available to you per academic year.

| Name | Bank Name/Account Number <small>(if multiple accounts from same bank)</small> | Amount | Relationship to Applicant |
|------|--|--------|---------------------------|
| | | | |
| | | | |
| | | | |

Name of Primary Sponsor: _____

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:

Undergraduate Admissions and Recruitment
 University of Louisiana at Lafayette
 P.O. Box 41210
 Lafayette, LA 70504
 Phone: (337) 482-6473 / Fax: (337) 482-1317
[intl admissions@louisiana.edu](mailto:intladmissions@louisiana.edu)