

# Financial Verification Process for Hessen-Wisconsin Exchange Applicants

*Fall 2025 - Spring 2026*

**Important:** This form only applies to the Hessen – Wisconsin Exchange (Germany) agreement. If you are coming to UW-Eau Claire through a different exchange agreement, use the “Undergraduate Exchange Financial Verification Form.”

## Total Program Cost

As a student in the Hessen-Wisconsin Exchange Program, you must prove you have sufficient funds to pay UW-Eau Claire the total program cost per semester. For the 2025-2026 academic year, the total program cost per semester is \$8,363, which includes:

Total Program Cost per Semester for Hessen-Wisconsin Exchange Agreement (subject to change)

<b>EXPENSE</b>	<b>USD</b>
Room and Board	\$ 4,490
Segregated Fees and Textbook Rental	\$ 943
Health Insurance	\$ 1,160
Orientation and Fees	\$ 425
Personal Expenses	\$ 1,345
<b>Total Program Cost per Semester</b>	<b>\$ 8,363</b>

## Overview of the Financial Verification Process

First, fill out the Hessen-Wisconsin Exchange Financial Verification Form.

Then, collect all your corresponding certified financial documents (more details are in the form).

Finally, email your completed Hessen-Wisconsin Exchange Financial Verification Form and all certified financial documents to the UW-Eau Claire Center for International Education.



## Relative/Sponsor Statement of Financial Support

By signing this document, I agree to be financially responsible for the student named below while they attend the University of Wisconsin–Eau Claire. I understand that all costs may be subject to change. I understand that I must provide a certified bank statement with the current available balance greater than or equal to the amount of support I indicated in the above section.

Student Name: \_\_\_\_\_

Relative/Sponsor(s) Relationship to Student: \_\_\_\_\_

Relative/Sponsor(s) Name(s): \_\_\_\_\_

Relative/Sponsor(s) Signature(s): \_\_\_\_\_

Relative/Sponsor(s) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Signed (Month / Day / Year): \_\_\_\_\_

## Student Signature

I certify that all information I have provided is correct and complete. I agree to be fully responsible for the costs associated with my study at the University of Wisconsin–Eau Claire. Further, I verify that I shall not require additional financial assistance from the university. I understand that failure on my part, or that of my sponsor, to provide the necessary funds may result in the cancellation of my registration and my termination from my program of study at the University of Wisconsin–Eau Claire. 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 Signed (Month / Day / Year): \_\_\_\_\_