CERTIFICATION OF FINANCES

This form must be properly signed or stamped with a seal from the sponsor's or family member's financial institution. An official letter from a financial institution with a signature can be used instead of this form.

A Form I-20 or DS-2019 will not be authorized until this document is fully completed, with specific U.S. dollar amounts, and returned to the Office of International Education with your application.

PART ONE: TO BE COMPLETED BY THE STUDENT (This section MUST be completed first by the student.)

Student's full legal name: ____________________________
Surname              First              Middle

The total amount required for the 2015-2016 academic year (August to May) is $ _____________ (in U.S. dollars).

- _____ Tuition for academic year @ $39,950 (or $19,975 per semester) – based on 9-19 credit hours per semester
- _____ Meals On Campus for academic year @ $6,030 (or $3,015 per semester)
- _____ Room On Campus for academic year (estimate) @ $6,990 (single room with private bath) (or $3,495 per semester)
  OR
- _____ Room, Board & Utilities Off Campus for academic year (estimate) @ $11,160 (or $5,580 per semester)
- _____ Personal expenses (incl. supplies, long distance telephone, entertainment) @ $2,000 for academic year (or $1,000 per semester)
- _____ Health Insurance (estimate) @ $1,600 for academic year (or $800 per semester)
- _____ Books @ $1,400 for academic year (or $700 per semester)
- _____ Immunization Requirements @ $315 (1 time fee - amount may be less depending on vaccinations & other medical services)
- _____ Expenses of dependents (if applicable) @ $6,000 for spouse, $3,500 per child

PART TWO: TO BE COMPLETED BY THE FINANCIAL INSTITUTION

The above-named student will be attending the University of Richmond during the 2015-2016 academic year.

We, the undersigned, certify that the student listed above has sufficient funds available to cover the appropriate expenses as listed above in Part One. The total amount available for the 2015-2016 academic year (August to May) is $ _____________ (in U.S. dollars).

Name of Financial Institution: ____________________________ Telephone number: ________________
Mailing address of bank or financial institution: __________________________________________________________________________________________
Financial Officer's Name (printed or typed): __________________________________________________________________________________________
Financial Officer's Title: ________________________________________________________________________________________________
Financial Officer's Telephone Number: _______________________________________________________________________________________
Financial Officer's Signature: __________________________________________________________________________________________
Date signed: ________________  month  day  year

In this space, please place a stamp or official seal of the bank or financial institution.