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 2017-2018 academic year (August to May) is $ ________________ (in U.S. dollars).

- Tuition for academic year @ $43,000 (or $21,500 per semester) – based on 9-17 credit hours
- Meals On Campus for academic year @ $6,380 (or $3,190 per semester)
- Room On Campus for academic year @ $6,020 (law residence hall) (or $3,010 per semester)

OR
- Room, Meals & Utilities Off Campus for academic year (estimate) @ $11,970 (or $5,985 per semester)
- Personal expenses (incl. transportation) @ $3,320 for academic year (or $1,660 per semester)
- Health Insurance @ $1,745 for academic year (or $872.50 per semester)
- Books & supplies @ $1,400 for academic year (or $700 per semester)
- Immunization Requirements @ $345 (1 time fee - amount may be less depending on vaccinations & other medical services)
- Expenses of dependents per year (if applicable) @ $7,361 for spouse, $7,983 per child

PART TWO: TO BE COMPLETED BY THE FINANCIAL INSTITUTION

The above-named student will be attending the University of Richmond during the 2017-2018 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 2017-2018 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.