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 @ $25,920 (or $12,960 per semester) based on 9 credit hours per semester
- ______ Room, Board & 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)
- ______ Computer and Printer @ $3,150 (one-time expense) *You are required to certify this amount even if you have a computer/printer.*
- ______ 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 (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.