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 2016-2017 academic year (August to May) is $ ___________ (in U.S. dollars).

- Tuition for academic year @ $25,380 (or $12,690 per semester) based on 9 credit hours per semester
- 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 @ $1,557 for academic year (or $778.50 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 @ $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 2016-2017 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 2016-2017 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.