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 academic year is $ _______________ (in U.S. dollars).

_____ Tuition @ $4,500
_____ Room, Meals & Utilities Off Campus for 3 months (estimate) @ $2,992.50
_____ Personal expenses (incl. supplies, long distance telephone, entertainment) @ $830
_____ Health Insurance @ $436.25
_____ Expenses of dependents (if applicable) $1,840.25 for spouse, $1,995.75 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 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 academic year 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.