The 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).

_____ Graduate tuition @ $10,440 per year (or $5,220 per semester) based on 9 credits per semester OR
_____ Undergraduate tuition @ $11,160 per year (or $5,580 per semester) based on 12 credits 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)
_____ 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.