**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.

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**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 2015-2016 academic year (August to May) is $ ________________ (in U.S. dollars).

- Tuition @ $560 per credit hour (graduate) OR $450 per credit hour (undergraduate)
- 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 (estimate) @ $1,600 for academic year (or $800 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

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**PART TWO: TO BE COMPLETED BY THE FINANCIAL INSTITUTION**

The above-named student will be attending the University of Richmond during the 2015-2016 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 2015-2016 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:  

In this space, please place a stamp or official seal of the bank or financial institution.