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 2017-2018 academic year (August to May) is $ ____________ (in U.S. dollars).

_____ Graduate tuition @ $10,800 per year (or $5,400 per semester) based on 9 credits per semester

OR

_____ Undergraduate tuition @ $11,520 per year (or $5,760 per semester) based on 12 credits per semester

_____ Room, Meals & 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)

_____ 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.