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 2019-2020 academic year (August to May) is $______________ (in U.S. dollars).

- _____ Tuition for academic year @ $46,400 (or $23,200 per semester) – based on 9-17 credit hours
- _____ Meals On Campus for academic year @ $2,940 (or $1,470 per semester)
- _____ Room On Campus for academic year @ $6,800 (average cost of rooms in law housing) (or $3,400 per semester)

OR

- _____ Room, Meals & Utilities Off Campus for academic year (estimate) @ $12,690 (or $6,345 per semester)
- _____ Personal expenses (incl. transportation) @ $3,460 for academic year (or $1,730 per semester)
- _____ Health Insurance @ $2,957 for academic year (or $1,478.50 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 per year (if applicable) @ $5,000 per person

PART TWO: TO BE COMPLETED BY THE FINANCIAL INSTITUTION

The above-named student will be attending the University of Richmond during the 2019-2020 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 2019-2020 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.