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).

_____ Graduate tuition @ $11,520 per year (or $5,760 per semester) based on 9 credits per semester

OR

_____ Undergraduate tuition @ $12,240 per year (or $6,120 per semester) based on 12 credits per semester

_____ Room, Meals & Utilities Off Campus for academic year (estimate) @ $12,690 (or $6,345 per semester)

_____ Personal expenses (incl. transportation, telephone, necessities, entertainment) @ $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 (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.