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 2018-2019 academic year (August to May) is $ ________________ (in U.S. dollars).

- Tuition for academic year @ $44,700 (or $22,350 per semester) – based on 9-17 credit hours
- Meals On Campus for academic year @ $6,630 (or $3,315 per semester)
- Room On Campus for academic year @ $6,260 (law residence hall) (or $3,130 per semester)
  OR
- Room, Meals & Utilities Off Campus for academic year (estimate) @ $12,330 (or $6,165 per semester)
- Personal expenses (incl. transportation) @ $3,460 for academic year (or $1,730 per semester)
- Health Insurance @ $2,340 for academic year (or $1,170 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 2018-2019 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 2018-2019 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.