MBA-FEE-PAYER

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 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 2020-2021 academic year (August to May) is $ ____________ (in U.S. dollars).

_____ Tuition for academic year @ $26,460 (or $13,230 per semester) based on 9 credit hours per semester
_____ Room, Board & Utilities Off Campus for academic year (estimate) @ $12,690 (or $6,345 per semester)
_____ Personal expenses (incl. transportation, telephone, necessities, entertainment) @ $3,470 for academic year
(or $1,735 per semester)
_____ Health Insurance @ $3,600 for academic year (or $1,800 per semester)
_____ Books & supplies @ $900 for academic year (or $450 per semester)
_____ Immunization Requirements @ $250 (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 2020-2021 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 2020-2021 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.