

## 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 2022-2023 academic year (August to May) is \$ \_\_\_\_\_ (in U.S. dollars).**

- \_\_\_\_\_ Tuition for academic year @ \$27,540 (or \$13,770 per semester) based on 9 credit hours per semester
- \_\_\_\_\_ Room, Board & Utilities Off Campus for academic year (estimate) @ \$13,950 (or \$6,975 per semester)
- \_\_\_\_\_ Personal expenses (incl. transportation, telephone, necessities, entertainment) @ \$3,470 for academic year (or \$1,735 per semester)
- \_\_\_\_\_ Health Insurance @ \$3,790 for academic year (or \$1,895 per semester)
- \_\_\_\_\_ Books & supplies @ \$1,400 for academic year (or \$700 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 2022-2023 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 2022-2023 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.