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 @ $25,920 (or $12,960 per semester) based on 9 credit hours per semester
_____ Room, Board & Utilities Off Campus for academic year (estimate) @ $12,330 (or $6,165 per semester)
_____ Personal expenses (incl. transportation, telephone, necessities, entertainment) @ $3,460 for academic year
   (or $1,730 per semester)
_____ Health Insurance @ $1,800 for academic year (or $900 per semester)
_____ Computer and Printer @ $3,150 (one-time expense) *You are required to certify this amount even if you have a computer/printer.*
_____ 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 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.