

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).

_____ Graduate tuition @ \$12,420 per year (or \$6,210 per semester) based on 9 credits per semester

OR

_____ Undergraduate tuition @ \$13,200 per year (or \$6,600 per semester) based on 12 credits per semester

_____ Room, Meals & 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.