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.