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 academic year is $ ________________ (in U.S. dollars).

Complete one of the following with the total expense based on the number of undergraduate/graduate credits/units:

Example: $1,485 Undergraduate tuition @ $495 per credit hour x 3 credits

_____ Undergraduate tuition @ $495 per credit hour x _____ credits

_____ Graduate tuition @ $620 per credit hour x _____ credits

_____ Undergraduate tuition @ $1,733 per unit x _____ units

Complete the following with the total expense based on the length of the program:

_____ Room & Meals @ $1,498 (5 weeks) OR $2,396.80 (8 weeks) OR $1,797.60 (6 week II) or $2,996 (10 weeks)

_____ Personal expenses (incl. transportation, telephone, necessities, entertainment) @ $344 per month x ____ months

_____ Health Insurance @ $150 per month x _____ months

_____ 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 summer 2018.

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 summer 2018 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.