SPCS Summer School

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 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 @ $195 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.