

## 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 estimated amount required for a semester in academic year 2024-2025 (5 months) is \$ 13,335 (in U.S. dollars).**

\$4,650 Meals On-Campus for academic year @ \$9,300 (or \$4,650 per semester)

\$4,185 Room On-Campus for academic year @ \$8,370 (or \$4,185 per semester) (estimate – depends on your housing assignment)

\$1,800 Personal expenses for academic year @ \$3,600 (or \$1,800 per semester) (estimate)

\$1,750 Health Insurance for academic year @ \$3,500 (or \$1,750 per semester) (estimate)

\$700 Books and supplies for academic year @ \$1,400 (or \$700 per semester) (estimate)

\$250 Immunization Requirements @ \$250 (amount may be more or less depending on required missing vaccinations)

\_\_\_\_\_ 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 2024-2025 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 a semester in academic year 2024-2025 (5 months) 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.