

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 2025-2026 (5 months) is \$ 13,263 (in U.S. dollars).**

- \$4,860 Meals On-Campus for academic year @ \$9,720 (or \$4,860 per semester)
- \$4,390 Room On-Campus for academic year @ \$8,780 (or \$4,390 per semester)
- \$1,800 Personal expenses for academic year @ \$3,600 (or \$1,800 per semester)
- \$1,263 Health Insurance for academic year @ \$2,526 (or \$1,263 per semester)
- \$700 Books and supplies for academic year @ \$1,400 (or \$700 per semester)
- \$250 Immunization Requirements @ \$250 (1 time fee - amount may be more or 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 2025-2026 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 2025-2026 (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.