

**ROGER WILLIAMS UNIVERSITY INTERNATIONAL ADMISSIONS**

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**INTERNATIONAL DECLARATION OF FINANCES**

THE ESTIMATED EXPENSES FOR THE 2022-2023 ACADEMIC YEAR IN U.S. DOLLARS (USD) ARE:

	<b>RWU BRISTOL 2022-23</b> <b>Undergraduate</b>	<b>RWU BRISTOL 2022-23</b> <b>Engineering Majors</b>	<b>RWU BRISTOL 2022-23</b> <b>Architecture Majors</b>
<b>Tuition</b>	\$40,962	\$42,666	\$45,738
<b>Living Expenses</b> (Estimated Books, Supplies, Phone, etc)	\$2,000	\$2,000	\$2,000
<b>Activity Fee</b>	\$330	\$330	\$330
<b>Health Insurance*</b> (Estimated)	\$2,321	\$2,321	\$2,321
<b>Room &amp; Board</b>	\$16,294	\$16,294	\$16,294
<b>TOTAL</b>	<b>\$61,577</b>	<b>\$63,281</b>	<b>\$66,353</b>

*\*Required for all students but does not need to be purchased from the University. This price is an estimate and reflects 2019-20 cost when purchased from RWU.*

**Scholarship recipients can subtract their merit scholarship amount from the tuition cost to determine the tuition amount payable.**

**STUDENT'S OFFICIAL STATEMENT**

I acknowledge that U.S. Immigration law required me to provide Roger Williams University with the accurate financial documentation before an I-20 can be issued to me. I understand that I must document the availability of funds equivalent to the cost of one year of study at Roger Williams University.

Student Name \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print) First Last/Family (mm/dd/yyyy)

**SPONSOR'S OFFICIAL STATEMENT**

I declare that I am entirely knowledgeable of the total costs associated with obtaining an undergraduate degree at RWU. I agree to accept complete financial responsibility for the above student's education at Roger Williams University. My signature below along with an official bank statement, will verify that I am able to provide an amount of USD \_\_\_\_\_ per year, to help support the student's educational expenses as have been listed above.

Sponsor's Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Title First Middle Last/Family

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)