

## **International Graduate Student Financial Statement**

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The estimated expenses for the 2023-2024 academic year in U.S. Dollars (USD) are:

Program	Per Credit Tuition	Program Duration (Months)	Credits (per year)	Tuition & Fees	Living Expenses*	Health Insurance**	Total
Architecture	N/A	21 – 42 months	24-40	\$44,438	\$18,200	\$2,470	\$65,108
Business Administration	\$1,091	12 months	36	\$40,226	\$18,200	\$2,470	\$60,896
Criminal Justice	\$1,091	21 months	18	\$20,588	\$18,200	\$2,470	\$41,258
Forensic Mental Health Counseling (Year 1)	\$1,091		39	\$43,499	\$18,200	\$2,470	\$64,169
Forensic Mental Health Counseling (Year 2)	\$1,135***	21 months	21	\$24,785	\$18,200	\$2,470	\$45,455
Leadership (MS) and Public Administration (MPA)	\$719	21 months	18	\$13,892	\$18,200	\$2,470	\$34,562
Preservation Practices	\$1,091	21 months	26	\$29,316	\$18,200	\$2,470	\$49,986
Special Education	\$719	12 months	36-38	\$26,834	\$18,200	\$2,470	\$47,504

<sup>\*</sup>Living expenses include housing, books, and miscellaneous expenses

By law, all students needing an F-1 student visa to study in the United States must provide proof of financial support. Hence, the I-20 immigration form (required for all F-1 student visa applicants) will only be issued by RWU when this form, an equivalent form, or an official bank statement is submitted. This form must be correctly signed and certified by the student and the sponsor. All documented sources of support must be stated in English, in U.S. dollars, and dated within the last six months. This information is not needed to make an admission decision and therefore can be submitted after the student has been accepted and has decided to enroll at RWU.

## STUDENT'S OFFICIAL STATEMENT

				_Student's Sign	ature:		Date:			
	First	Last/Fan	nily				Date:(mm / dd / yyyy)			
SPONSOR'S O	FFICIAL	STATEM	ENT							
I declare that I am entire responsibility for the abo amount of USD above.	ve student's e	ducation at Roge	Williams Un	iversity. The att per year, to	ached bank let help support t	ter and statement will ve he student's educational	erify that I am ab expenses as hav	ole to provide an ve been listed		
Sponsor's Name:	Relationship to S									
	Title	First	Middle	Last/Family						
Employer:	Occupation / Title:									
Home Address <u>:</u>			Ci	tv	State	Postal Code	Country			
Home Address <u>:</u>		Street Address	Ci	-5						

## OFFICIAL BANK STATEMENT AND VERIFICATION LETTER

Please attach a copy of the sponsor's most recent bank statement and a letter from a bank official certifying the account balance. The letter must be in English. A copy of the bank official's business card must also be provided.

<sup>\*\*</sup> Health Insurance rates are based on the 2022-2023 posted rates. These are subject to adjust annually.

<sup>\*\*\*</sup> Estimated cost per credit for 2024-2025.