

**ROGER WILLIAMS UNIVERSITY INTERNATIONAL ADMISSIONS**

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**INTERNATIONAL DECLARATION OF FINANCES**

THE ESTIMATED EXPENSES FOR THE 2021-2022 ACADEMIC YEAR IN U.S. DOLLARS (USD) ARE:

	<b>RWU BRISTOL 2021-22 Undergraduate</b>	<b>RWU BRISTOL 2021-22 Engineering Majors</b>	<b>RWU BRISTOL 2021-22 Architecture Majors</b>
<b>Tuition</b>	\$39,264	\$40,896	\$43,872
<b>Living Expenses</b> (Estimated Books, Supplies, Phone, etc)	\$1,800	\$1,800	\$1,800
<b>Activity Fee</b>	\$330	\$330	\$330
<b>Health Insurance*</b> (Estimated)	\$2,012	\$2,012	\$2,012
<b>Room &amp; Board</b>	\$16,012	\$16,012	\$16,012
<b>TOTAL</b>	<b>\$59,418</b>	<b>\$61,050</b>	<b>\$64,026</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)*