Melbourne Florida
Date

To: Whom it May Concern

This letter is to certify that **NAME Student ID** was admitted to our Institution for our **Program**. The academic semester will begin on **DATE** and will end on **DATE**.

All expenses for full-time studies during the current academic semester are the following:

- Tuition and Fees: **$XX,XXX.XX**
- Merit based Scholarship: **($xx,xxx.xx)**
- Living Expenses: **$XX,XXX.XX**
- Health Insurance: **$XX,XXX.XX**

**TOTAL**: **$XX,XXX.XX**

If you have any questions you can contact me at XXXXX@FIT.EDU or by phone 321-674-8030.

Best Regards,

State of Florida
County of Brevard

The foregoing instrument was acknowledged before me this ________ day of ____________________, 20______ by _______________________.

______________________________________

___________________________

PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally known _______
OR Produced Identification _______
Type of Identification Produced ____________________________