

Date

Student Name: XXX XXXXX
Date of Birth: Month/Date/Year
Sevis Number: NXXXXXXXXXX

To Whom It May Concern:

This is to certify that XXX XXXXX of Venezuela is a full time registered student at Florida Institute of Technology.

XXX XXXXX is enrolled in a Bachelors/Master's program studying in the field of XXX; the anticipated graduation date is XXX.

XXX XXXXX is registered full-time for the fall 2013 semester, which began on August 19, 2013, and ends on December 13, 2013.

The following costs are estimated expenses (in U.S. Dollars) for the fall 2013 academic semester. (*The health insurance coverage began August 19, 2013, and ends December 13, 2013):

Tuition & Fees: \$XX,XXX
*Health Insurance: \$XXX

TOTAL EXPENSES: \$XX,XXX

If you need any further information, please do not hesitate to contact me.

Sincerely,

Tori Leslie
Program Coordinator
International Student & Scholar Services

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 _____