

Today's Date

Student Name: XXX XXXX
Date of Birth: Month/Day/Year
Sevis Number: NXXXXXXXXXXXX

To Whom It May Concern:

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

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

XXX XXXX is registered full-time for the fall 2013 semester, which begins 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 begins August 19, 2013, and ends December 13, 2013):

Tuition:	\$XX,XXX
Scholarship:	(\$X,XXX)
Housing:	\$X,XXX
Meal Plan:	\$X,XXX
*Health Insurance:	\$XXX
Facilities Fee:	\$XXX
International Student Fee:	\$XX
Student Activity Fee:	\$XX

TOTAL EXPENSES: \$XX,XXX

(The above total is all expenses owed after the academic scholarship is applied.)

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 _____