

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 year will begin on DATE and will end on DATE.

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

Tuition and Fees:	\$XX,XXX.XX
Living Expenses:	\$XX,XXX.XX
Health Insurance:	\$XX,XXX.XX
<b>TOTAL</b>	<b>\$XX,XXX.XX</b>

If you have any questions regarding Cost of Attendance to our Institution, you can contact me at XXXXX@FIT.EDU or by phone 321-674-8030.

Best Regards,

SIGNATURE BLOCK

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 _____