# **CERTIFICATE OF FINANCES (COF)** 2024 - 2025 For Undergraduate International Applicants Page 1 of 4

All Applicants **MUST** complete all pages.

This document is required for all international students who request an I-20 (F-1) or DS-2019 (J-1). Suffolk University must verify that all F-1 or J-1 students have financial support for the first academic year or following a leave of absence.

STUDENT ID

LAST NAME(FAMILY)

FIRST NAME

Please print your name exactly as it is printed in the machine readable zone of your passport . Please reference the red highlighted area in the included example:

**Document Requested:** 

□ I-20 Document - (F-1) □ DS-2019 - (J-1)



STREET	CITY	STATE	POSTAL CODE	COUNTRY
PHONE	FAX		EMAIL	
PARENT / SPONSOF	R'S EMAIL			
Date of Birth			Are you requesting a docu Dependents are: <i>Wife/Hus</i>	
			□ YES □	NO
Country of Birth			A dependent is your spous	e or unmarried children
City of Birth			under the age of 21.	
Country of Citizenship				



UNIVERSITY BOSTON

### Possport/ Posspo

# **CERTIFICATE OF FINANCES (COF)** 2024 - 2025 For Undergraduate International Applicants Page 2 of 4

STUDENT ID

□ Certificate of Finances

Copy of Current Visa

If you are transferring from a US institution we will also need:

LAST NAME (FAMILY)

FIRST NAME

Are you currently in the U.S.? \_\_\_\_\_ If yes, will you travel outside of the U.S. before attending Suffolk University? \_\_\_\_\_

If F1 or J-1, will you transfer your SEVIS record from another US Institution?

□ NO

YES / Institution Name: \_\_\_\_\_

### Estimated Expenses per academic year: 2024 - 2025

Please be aware these are estimated expenses per Academic Year

You must consider to have this amount available every year for the duration of your program

PROGRAM	TUITION	LIVING EXPENSES	OTHER EXPENSES (Books, Medical Insurance & Other)	TOTAL FUNDING REQUIRED	DEPENDENTS - If Applicable (Add \$10,000 for Spouse, \$5,000 for each child)	MERIT (Please deduct from tuition)	<b>TOTAL</b> (Please Complete)
Undergraduate	\$46,954	\$26,992	\$6,454	\$80,400			
CAPS Continuing and Professional Studies - Per Semester	\$23,477	\$13,496	\$3,227	\$40,200			

The I-20 or DS-2019 will be created after being admitted and upon receiving the following documents:

□ Copy of Current I-20

□ Copy of Passport

CENTER FOR INTERNATIONAL EDUCATION A	AND STUDY AWAY . 8 AS	HBURTON PLACE .	BOSTON, MA 02108-2270
TEL 617.573.8034 FAX 61	7.742.6761	www.suffolk.edu/isso	

□ Deposit

□ Transfer Release Form.



### **CERTIFICATE OF F INANCES (COF)** 2024 - 2025 For Undergraduate International Applicants Page 3 of 4

STUDENT ID



LAST NAME (FAMILY)

FIRST NAME

MIDDLE NAME

**SPONSOR'S STATEMENT OF FINANCIAL SUPPORT** (required if funding is provided by anyone other than student, including government sponsorship)

I, \_\_\_\_\_\_ (print name of sponsor), guarantee that the sum amount of \$\_\_\_\_\_\_ USD will be available to the above named student for the academic year at Suffolk University. A comparable amount of money will be available for the duration of the student's educational program.

Parent/Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of Sponsor to Applicant: \_\_\_\_

Sponsor's Address: \_\_\_\_\_

PLEASE UPLOAD THIS FORM ALONG WITH AN OFFICIAL BANK LETTER OR BANK STATEMENT SHOWING THE REQUIRED AMOUNT FOR STUDY TO YOUR SUFFOLK APPLICATION PORTAL.

### STUDENT'S CERTIFICATION

I have read the information on this form and it is a true and accurate statement that the funds are available and will be provided. If

any of the information changes at any given time, I will immediately notify the CENTER FOR INTERNATIONAL EDUCATION

AND STUDY AWAY (CIESA). I understand that making false or fraudulent statements within this Certificate of Finances may

result in a denial or termination of any requested immigration documents.

Applicant's Signature:

Applicant's Name (PRINT):_			

Date: \_\_\_\_\_

# CERTIFICATE OF FINANCES (COF) 2024 - 2025

For Undergraduate International Applicants Page 4 of 4

### **EMERGENCY CONTACT**

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section

### Household

Parents' marital status (relative to each other):

	Neve	r Married	Married	_Civil Union/Domestic Partne	ersWidowed _	Separated
	Divor	ced				
1 4 1. 11						

With whom do you make your permanent home:

Parent 1 _	Parent 2	Both	Legal Guardian	Ward of the Court/State	_Other
If you have chi	ldren, how m	any?			

### Parent 1

Mother	_Father	I have limited information about this parent	Other
Is Parent 1 living?	Yes	No (Date Deceased	_) Month/Day/Year
Last Name(s)		First Name(s)	
Country of birth			
Home address if d	ifferent from yo	burs	

Preferred Telephone:	_ Home	Mobile	Work (	)	
Email:					

### Parent 2

Email:

Mother	Father	I have limited	Other	
Is Parent 1 livin	g? _Yes	No (Date Dec	eased	_) Month/Day/Year
Last Name(s)			First Name(s)	
Country of birth			_	
Home address	if different from y	ours		
Preferred Telep	hone: <u>Home</u>	Mobile V	Vork ()	

## Legal Guardian/Other Emergency Contact

Relationship	
Last Name(s)	First Name(s)
Country of birth	
Home address if different from yours	

Preferred Telephone: _	_ Home	_Mobile	Work ()	)
Email:				



CENTER FOR INTERNATIONAL PROGRAMS AND SERVICES | 8 ASHBURTON PLACE, BOSTON, MA 02108-270 TEL: