

CERTIFICATE OF FINANCES (COF) 2021 - 2022

For Exchange/Study Abroad International Applicants Page 2 of 3



SUFFOLK
UNIVERSITY
BOSTON

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 : 2021- 2022 - Per Semester

Exchange Students - (Tuition Waiver)		Study Abroad - (Fee Paying)	
Tuition	Waiver	Tuition	\$20,621
Living Expenses	\$9,891	Living Expenses	\$ 9,891
Other Expenses (Books & Medical Insurance)	\$1,950	Other Expenses (Books & Medical Insurance)	\$ 1,950
TOTAL	\$11,841	TOTAL	\$32,462

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

- Certificate of Finances
- Official Bank Statement
- Copy of Passport

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FIRST 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 SEND THIS FORM ALONG WITH AN OFFICIAL BANK LETTER OR BANK STATEMENT SHOWING THE REQUIRED AMOUNT FOR STUDY.

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 PROGRAMS AND SERVICES OFFICE (CIPS)**. 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 Name (PRINT): _____

Applicant's Signature: _____

Date: _____