CERTIFICATE OF FINANCES (COF) 2019 - 2020

For Exchange/Study Abroad International Applicants Page 1 of 3

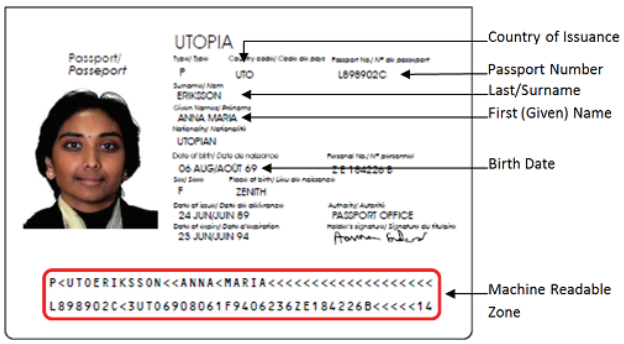
All Applicants **MUST** complete all pages.

All exchange students will be issued a DS-2019 for a J-1 Visa. Suffolk University must verify financial support for living expenses.

SUFFOLK UNIVERSITY BOSTON

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)**

Address where the I-20/DS-2019 should be sent: - Suffolk University will mail documents via express mail if outside of the US.
* If you are a returning student, you will need to request the documents through our website **www.suffolk.edu/isso**

STREET CITY STATE POSTAL CODE COUNTRY

PHONE FAX EMAIL

PARENT / SPONSOR'S EMAIL

Date of Birth _____
MONTH / DAY / YEAR

Country of Birth_____

Country of Citizenship _____

Are you requesting a document for a dependent?

☐ YES ☐ NO

A dependent is your spouse or unmarried children under the age of 21.

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For Exchange/Study Abroad International Applicants Page 2 of 3

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 : 2018- 2019 - Per Semester

Exchange Students - (Tuition Waiver)

Tuition	Waiver
Living Expenses	$9,331
Other Expenses (Books & Medical Insurance)	$1,950
TOTAL	**$11,281**

Study Abroad - (Fee Paying)

Tuition	$19,907
Living Expenses	$ 9,331
Other Expenses (Books & Medical Insurance)	$ 1,950
TOTAL	**$31,188**

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

☐ Certificate of Finances

☐ Copy of Passport

CENTER FOR INTERNATIONAL PROGRAMS AND SERVICES . 8 ASHBURTON PLACE . BOSTON, MA 02108-2270

TEL 617.573.8034 FAX 617.742.6761 www.suffolk.edu/isso

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For Exchange/Study Abroad International Applicants Page 3 of 3

SUFFOLK UNIVERSITY BOSTON

_____

LAST NAME (FAMILY) 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: _____

_____

BANK'S OFFICIAL CERTIFICATION OF FUNDS - Please also send along an official bank letter.

This is to certify that I have reviewed the financial information given by the applicant on this form, that it is accurate and that the funds are available.

Bank Official's Signature : _____

Bank Seal/Stamp (REQUIRED)

Bank Official's Name and Title (PRINT): _____

Name and Address of Bank: _____

Date: _____

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 disciplinary action.

Applicant's Name (PRINT): _____

Applicant's Signature: _____

Date: _____