

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.

SUFFOLK
UNIVERSITY
BOSTON

LAST NAME(FAMILY)

FIRST NAME

Document Requested:

[illegible]

☐ I-20 Document - **(F-1)** ☐ DS-2019 - **(J-1)**

STREET

CITY

STATE

POSTAL CODE

COUNTRY

PHONE

FAX

EMAIL

PARENT / SPONSOR'S EMAIL

Date of Birth _____
MONTH / DAY / YEAR

Country of Birth_____

City of Birth _____

Country of Citizenship _____

Are you requesting a document for a dependent?
Dependent are: *Wife/Husband/Children*

☐ YES ☐ NO

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

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



LAST NAME (FAMILY)

FIRST NAME

STUDENT ID

Estimated Expenses per Academic Year: 2024 - 2025

Please be aware these are estimated expenses per year

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

SUFFOLK
UNIVERSITY
BOSTON

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)	TOTAL (Please Complete)
MAPP - Applied Politics MAC - Communication, MSCJS - Crime and Justice Studies, MSEPP - Ethics and Public Policy, MAGPP - Global Public Policy MAGD - Graphic Design, MAIA - Interior Architecture	\$44,910	\$26,992	\$6,454	\$78,356			
MSMD - Medical Dosimetry	\$45,780	\$26,992	\$6,454	\$79,226			
MHC - Mental Health Counseling	\$39,960	\$26,992	\$6,454	\$73,406			
PHD in Clinical Psychology, PHD in Applied Developmental Psychology	\$55,290	\$26,992	\$6,454	\$88,736			
MPA - Public Administration, MHA - Healthcare Administration	\$41,550	\$26,992	\$6,454	\$74,996			
MS in Crime & Justice Studies/MS in Mental Health	\$41,400	\$26,992	\$6,454	\$74,846			
MS in Crime and Justice Studies/Master of Public Administration Master of Public Administration/MA in Applied Politics Master of Public Administration/MA in Global Public Policy	\$43,050	\$26,992	\$6,454	\$76,496			
MS in Mental Health Counseling/Master of Public Administration	\$40,500	\$26,992	\$6,454	\$73,946			
MBA - Business Administration MSA - Accounting, MSBA- Business Analytics, MSF - Finance, MSFSB - Financial Services & Banking, MMOL - Management & Organizational Leadership, MSM - Marketing	\$53,940	\$26,992	\$6,454	\$87,386			
MBA/MS in Accounting MBA/MS in Business Analytics MBA/MS in Finance MBA/MS in Marketing MBA/MS in Taxation MS in Accounting/MS in Finance MS in Accounting/MS in Taxation MS in Business Analytics/MS in Accounting MS in Business Analytics/MS in Finance MS in Business Analytics/MS in Marketing MS in Business Analytics/Master in Management Studies	\$53,940	\$26,992	\$6,454	\$87,386			
MS in Business Analytics/MS of Health Care Administration	\$45,750	\$26,992	\$6,454	\$79,196			
MS in Management Studies/MS of Public Administration	\$47,100	\$26,992	\$6,454	\$80,546			

CENTER FOR INTERNATIONAL EDUCATION AND STUDY AWAY . 8 ASHBURTON PLACE . BOSTON, MA 02108-2270

TEL 617.573.8034 FAX 617.742.6761

www.suffolk.edu/isso

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SUFFOLK
UNIVERSITY
BOSTON

LAST NAME (FAMILY)

FIRST NAME

STUDENT ID

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: _____

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

☐ Certificate of Finances

☐ Copy of Passport

☐ Deposit

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

☐ Copy of Current Visa

☐ Copy of Current I-20

☐ Transfer Release Form.

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: _____

FOR SECURITY AND PRIVACY REASONS, 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 Name (PRINT): _____

Applicant's Signature: _____

Date: _____

CERTIFICATE OF FINANCES (COF) 2024 - 2025

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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):

☐ Never Married ☐ Married ☐ Civil Union/Domestic Partners ☐ Widowed ☐ Separated
☐ Divorced

With whom do you make your permanent home:

☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Legal Guardian ☐ Ward of the Court/State ☐ Other

If you have children, how many? _____

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 different from yours _____

Preferred Telephone: ☐ Home ☐ Mobile ☐ Work (_____) _____

Email: _____

Parent 2

☐ Mother ☐ Father ☐ I have limited information about this parent ☐ Other

Is Parent 2 living? ☐ Yes ☐ No (Date Deceased _____) Month/Day/Year

Last Name(s) _____ First Name(s) _____

Country of birth _____

Home address if different from yours _____

Preferred Telephone: ☐ Home ☐ Mobile ☐ Work (_____) _____

Email: _____

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: _____