

CERTIFICATE OF FINANCES (COF) 2024 - 2025
 For Law School International Applicants Page 2 of 3



SUFFOLK
 UNIVERSITY
 BOSTON

_____ STUDENT ID

_____ 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 Fees) | TOTAL FUNDING REQUIRED | DEPENDENTS - If Applicable (Add \$10,000 for Spouse, \$5,000 for each child) | MERIT (Please deduct from Tuition) | TOTAL (Please Complete) |
|--|----------|-----------------|---|------------------------|--|------------------------------------|-------------------------|
| JD - Juris Doctor | \$59,730 | \$26,992 | \$11,578 | \$98,300 | | | |
| LLM: Master of Laws, SJD: Doctor of Juridical Science | \$60,504 | \$26,992 | \$8,964 | \$96,460 | | | |
| MSLL: Master of Science in Law: Life Sciences | \$59,730 | \$26,992 | \$8,964 | \$95,686 | | | |

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.

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SUFFOLK
UNIVERSITY
BOSTON

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 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 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: _____

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



SUFFOLK
UNIVERSITY
BOSTON

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 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: _____

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: _____