CERTIFICATE OF FINANCES (COF) 2019 - 2020
For Law School International Applicants Page 1 of 3

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)

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

Are you requesting a document for a dependent?

☐ YES  ☐ NO

Country of Birth _______________________________

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

Country of Citizenship _______________________________
CERTIFICATE OF FINANCES (COF) 2019 - 2020
For Law School International Applicants Page 2 of 3

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: 2019-2020

Juris Doctor (JD)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$49,410</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$18,662</td>
</tr>
<tr>
<td>Other Expenses (Books &amp; Medical Insurance)</td>
<td>$3,900</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$71,972</strong></td>
</tr>
</tbody>
</table>

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
- 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: ________________________________________________________________________________________
_________________________________________________________________________________________________________

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 a denial or termination of any requested immigration documents.

Applicant’s Name (PRINT): ___________________________________________________________________________________

Applicant’s Signature: ______________________________________________________________________________________

Date: __________________________________________________________________________________________________