CERTIFICATE OF FINANCES (COF) 2025 - 2026 For Graduate International Applicants Page 1 of 5

All Applicants **MUST** complete all pages.

As required by federal law, this form is designed to verify your ability to fund the costs of your studies, and related expenses at Suffolk University, for one academic year. This form, and all required documentation, must be completed and submitted before we can issue your I-20 or DS-2019.

In order to be issued a Form I-20 OR DS-2019 from Suffolk University, students must demonstrate the financial ability to consider fund at least one year of academic and living expenses. This includes direct costs (tuition & fees, room & board) as well as indirect costs (books & insurance) that are associated with a Suffolk University education. The cost of attendance is estimated based on full-time enrollment status for a 9-month period. Undergraduate and Graduate full-time enrollment is between 12-17 credit hours per semester, while the minimum Law full-time enrollment is 9 credits per semester. The cost of attendance is subject to change each academic year.

This information pertains **ONLY** to the issuance of an I-20 or DS-2019. Costs are estimated for an average student for one academic year of study based on the current year's tuition rates for the fall and spring semesters. Please keep in mind that this is an estimate, and costs may vary based on your personal circumstances. To obtain a final tuition rate and a detailed invoice, please contact the Student Financial Services Office.

Please keep the following points in mind when submitting financial documentation with this form:

- All supporting financial documents/bank statements must be dated within six (6) months of your application, and must contain the logo and/or seal of the bank, your (or your sponsor's) full name, and the amount of funds available.
- All bank statements and documents must be in English or be officially translated to English. However, the amount of
 funds listed on statements may be in the currency of your home country and does not need to be listed in U.S.
 dollars.
- Electronic bank statements are acceptable, as long as they contain the date it was issued, the logo and/or seal of the issuing bank, your (or your sponsor's) full name, and the amount of funds available. While electronic bank statements are acceptable, "screen shots" of online banking sessions will not be accepted.
- In lieu of bank statements, you may submit a letter from your bank (on official bank letterhead) containing the date it was issued, your (or your sponsor's) full name, the length of the relationship with the financial institution, and the amount of funds available. Such letters must bear an official bank signature and bank seal.
- Scholarship letters/financial guarantees must contain an issue date, your full name, and the date the scholarship goes into effect.
- Real estate titles, stocks/investments that are not liquidable, lines of credit, salary statements, and loans are not acceptable for the purposes of this form.
- You should think about having this amount per year for the length of your program. Please confirm with the admission office if you have doubts about the length of your program.

SUFFOLK UNIVERSITY | BOSTON

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STUDENT ID				
LAST NAME (FAMILY)		Passport/ Passeport	UTOPIA Then the Capty seer Ceer on part Pausantia, M on passage P US L898902C Sammary Sam Gian Tangang Palagan ANNIA MARIA Telephony Selfymole UTOPIAN	Country of Issuanc Passport Number Last/Surname First (Given) Name
FIRST NAME			Date of tall Cable on reasons 06 AUGINCOT 69 4 Sing Time Proce of bin't use on reasons F ZEMITH Done of a sing Line and a sing control of the control of th	Machine Readable
• •	e exactly as it is printed in the mach Please reference the red highlighte			
FOREIGN/HOME ADDR	ESS:			
STREET:				
CITY:	STATE:	POSTAL CODE	::	
COUNTRY:	PHONE:	EMAIL: _		
PARENT / SPONSOR'S I	EMAIL:			
DATE OF BIRTH: Mont	h/Day/Year	_COUNTRY OF BIRTH:		
CITY OF BIRTH:	co	OUNTRY OF CITIZENSHIP: _		
Are you requesting a do	ocument for a dependent? Depende	nts are: Wife/Husband/Chi	ildren	
A dependent is your spo	ouse or unmarried children under th	ne age of 21.		
VEC/NO	HOW MANY			

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STUDENT ID	
LAST NAME	FIRST NAME

Estimated Expenses consider using each academic year: 2025 - 2026

Please be aware these are **estimated expenses** each Academic Year. You should plan on having this amount available every year, for the duration of your program.

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 Expense for 1 Academic Year (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	\$46,800	\$30,496	\$10,978	\$88,274			
MSDS - Data Science	\$56,220	\$30,496	\$10,978	\$97,694			
MSMD - Medical Dosimetry	\$47,700	\$30,496	\$10,978	\$89,174			
MHC - Mental Health Counseling	\$41,460	\$30,496	\$10,978	\$82,934			
PHD in Clinical Psychology, PHD in Applied Developmental Psychology	\$57,630	\$30,496	\$10,978	\$99,104			
MS in Crime & Justice Studies/MS in Mental Health	\$43,140	\$30,496	\$10,978	\$84,614			
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	\$44,880	\$30,496	\$10,978	\$86,354			
MS in Mental Health Counseling/Master of Public Administration	\$42,210	\$30,496	\$10,978	\$83,684			
MPA - Public Administration, MHA - Healthcare Administration	\$43,320	\$30,496	\$10,978	\$84,794			
MBA - Business Administration MSA - Accounting, MSBA- Business Analytics, MSF - Finance, MMOL - Management & Organizational Leadership, MSM - Marketing	\$56,220	\$30,496	\$10,978	\$97,694			
MBA/MS in Accounting MBA/MS in Business Analytics MBA/MS in Finance MBA/MS in Finance MBA/MS in Taxation MS in Accounting/MS in Finance MS in Accounting/MS in Taxation 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/MS in Marketing MS in Business Analytics/Master in Management Studies	\$56,220	\$30,496	\$10,978	\$97,694			
MBA/MS of Healthcare Administration	\$48,480	\$30,496	\$10,978	\$89,954			
MS in Business Analytics/MS of HealthCare Administration	\$51,060	\$30,496	\$10,978	\$92,534			
MS in Management Studies/MS of Public Administration	\$49,080	\$30,496	\$10,978	\$90,554			

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STUDENT ID	
LAST NAME	FIRST NAME
Anougus augmenthy in the LLC 2	
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 SEVI	S record from another US Institution? NO/YES:
Institution Name:	
SDONSOD'S STATEMENT OF FINANCIA	AL SUPPORT (required if funding is provided by anyone other than student, including
	(print name of sponsor), guarantee that the sum
	available to the above-named student for the academic year at Suffolk University. A
	available for the duration of the student's educational program.
Parent/Sponsor's Signature:	Date:
Relationship of Sponsor to Applicant:	
PLEASE UPLOAD THIS FORM ALONG AMOUNT FOR STUDY TO YOUR SUF	WITH AN OFFICIAL BANK LETTER OR BANK STATEMENT SHOWING THE REQUIRED FOLK APPLICATION PORTAL.
STUDENT'S CERTIFICATION	
I have read the information on this for	orm and it is a true and accurate statement that the funds are available and will be
provided. If any of the information c	changes at any given time, I will immediately notify the CENTER FOR INTERNATIONAL
EDUCATION AND STUDY AWAY (CIE	ESA) . I understand that making false or fraudulent statements within this Certificate of
Finances may result in a denial or te	rmination of any requested immigration documents.
Applicant's Name (PRINT):	
Applicant's Signature:	
Data:	

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STUDENT ID
LAST NAME FIRST NAME
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 wisk you may list stepparents 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 MarriedMarriedCivil Union/Domestic PartnersWidowedSeparatedDivorced With whom do you make your permanent home: Parent 1Parent 2BothLegal GuardianWard of the Court/StateOther 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:
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:
Preferred Telephone: Home Mobile Work () Email:
Legal Guardian/Guardian/Another Emergency Contact Relationship Last Name(s) First Name(s) Country of birth Home address:
Preferred Telephone: Home Mobile Work ()