CERTIFICATE OF FINANCES (COF) 2025 - 2026 For Law School 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)		Possport/ Posseport	UTOPIA Trace tibes CNM researches des des Assessantias (vir de persopere de 18600000) Entrace la principa de 186000000000000000000000000000000000000	Country of Issuance Passport Number Last/Surname First (Given) Name Birth Date	
FIRST NAME			Some of face (Date on additional 2d JUNIQUIN 8-9 (PASSPORT OFFICE National Control of South	Machine Readable Zone	
Please print your name exact zone of your passport. Please included example					
FOREIGN/HOME ADDRESS: STREET:				_	
CITY:	STATE:	POSTAL COD	E:	_	
COUNTRY:	PHONE:	EMAIL:		-	
PARENT / SPONSOR'S EMAIL: _				_	
DATE OF BIRTH: Month/Day/Year		COUNTRY OF BIRTH:			
CITY OF BIRTH:		COUNTRY OF CITIZENSHIP: _	_ COUNTRY OF CITIZENSHIP:		
Are you requesting a document for	a dependent? Depende	nts are: <i>Wife/Husband/Children</i>			
A dependent is your spouse or unn	narried children under th	e age of 21.			

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310DEN1 ID							
LAST NAME							
FIRST NAME							
Are you currently in the	U.S.?	_ If yes, will you	travel outside of th	ie U.S. before at	ttending Suffolk Univ	ersity?	
If F1 or J-1, will you tran	nsfer your SEV	IS record from a	nother US Instituti	on? NO/YES:			
Institution Name:							
	Estimated	Expenses co	onsider using	each acader	nic year: 2025 –	2026	
				•	ch Academic Year.		
You si	nould plan on	having this ar	nount available (every year, for	the duration of your DEPENDENTS -	ur program.	
PROGRAM	TUITION	LIVING EXPENSES	OTHER EXPENSES (Books/Medic al Insurance & Other Fees)	TOTAL FUNDING REQUIRED	If Applicable (Add \$10,000 for Spouse, \$5,000 for each child)	MERIT (Please deduct from Tuition)	TOTAL (Please Complete)
JD - Juris Doctor	\$62,610	\$30,496	\$12,692	\$105,798			
LLM: Master of Laws, SJD: Doctor of Juridical Science	\$63,432	\$30,496	\$11,774	\$105,702			
MSLL: Master of Science in Law: Life Sciences	\$62,610	\$30,496	\$11,812	\$104,918			
The I-20 or DS-2019	will be created	l after being ad	mitted and upon	receiving the fo	ollowing documents	s:	
☐ Certificate o	☐ 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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STUDENT ID
LAST NAME
FIRST NAME
SPONSOR'S STATEMENT OF FINANCIAL SUPPORT (required if funding is provided by anyone other than student, including government sponsorship). I,
Parent/Sponsor's Signature: Date:
Relationship of Sponsor to Applicant:
Sponsor's Address:
PLEASE UPLOAD THIS FORM ALONG WITH AN OFFICIAL BANK LETTER OR BANK STATEMENT SHOWING THE REQUIRED AMOUNT FOR STUDY TO YOUR SUFFOLK APPLICATION PORTAL.
AMOUNT ON STODY TO TOUR SUIT OLD AFFLICATION FORTAL.
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 o
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:
Data:

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STUDENT ID

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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 wish, 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 Married Married Civil Union/Domestic Partner 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:
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 () Email: