SUFFOLK UNIVERSITY | BOSTON

CERTIFICATE OF FINANCES (COF) 2026 - 2027
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.***

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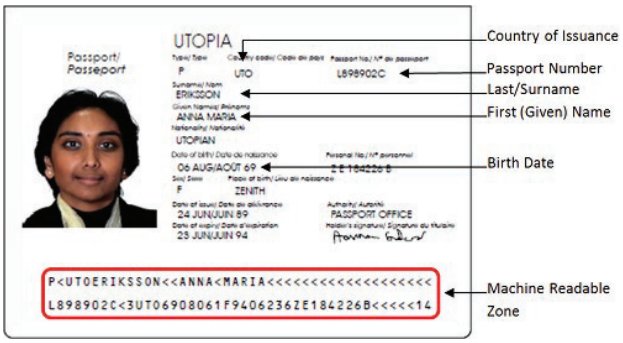
STUDENT ID _____

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

FOREIGN/HOME ADDRESS:

STREET: _____

CITY: _____ **STATE:** _____ **POSTAL CODE:** _____

COUNTRY: _____ **PHONE:** _____ **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? Dependents are: *Wife/Husband/Children*

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

YES/NO _____ **HOW MANY** _____

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STUDENT ID _____

LAST NAME _____

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 consider using each academic year: 2026 – 2027

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.

To find the information where the amounts are coming from click here:

Law Programs	Credits	Per Credit Rate	Per Semester Rate	Annual Rate	Living Off-Campus (Housing/ Food/ Transportation)	OTHER EXPENSES (Books/ Medical Insurance/ Other)	TOTAL Living Off-Campus	DEPENDENTS - If Applicable (Add $10,000 for Spouse, $5,000 for each child)	MERIT (Please deduct from Tuition)	TOTAL Expense for 1 Academic Year This is the amount you need to show in the Bank Statement
Law - Day	Full-time: 10-15 credits/semester	$ 2,188	$ 32,820	$ 65,640	$ 34,916	$ 9,540	**$ 110,096**			
Law - Evening/Online JD Program	Full-time: 7-12 credits/semester	$ 2,188	$ 24,615	$ 49,230			**$ 93,686**			
LLM LSJD (PHD)	Per credit	$ 2,770	$ 33,240	$ 66,480		$ 7,306	**$ 108,702**			

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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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, _____ (**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 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: _____

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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 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 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: _____
_____
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: _____