CERTIFICATE OF FINANCES (COF) 2015 - 2016

For Undergraduate 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.

________________________________________________
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

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:

P<UOTOEIKSSON<ANNA<MARIA<<<<<14
L989902C<3U0690861F9406236E184226B<<<<14

Please print your family last name, first name, middle name (if any) exactly as it appears on your passport.

LAST NAME (FAMILY)  FIRST NAME

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

________________________________________________
DOCUMENT REQUESTED:

□ I-20 Document - (F-1) □ DS-2019 - (J-1)

INTERNATIONAL STUDENT SERVICES    CENTER FOR INTERNATIONAL PROGRAMS AND SERVICES  8 ASHBURTON PLACE  BOSTON, MA 02108-2270
PHONE  617.573.8154  FAX  617.305.1751  www.suffolk.edu/isso
CERTIFICATE OF FINANCES (COF)  2015 - 2016
For Undergraduate 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: ________________________________

Please determine your estimated Expenses:  2015 - 2016

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>TUITION</th>
<th>LIVING EXPENSES</th>
<th>OTHER EXPENSES (Books &amp; Medical Insurance)</th>
<th>TOTAL FUNDING REQUIRED</th>
<th>DEPENDENTS - If Applicable (Add $10,000 for Spouse, $5,000 for each child)</th>
<th>TOTAL (Please Complete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>$33,800</td>
<td>$16,776</td>
<td>$3,900</td>
<td>$54,476</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELI (GR or UG)</td>
<td>$16,428</td>
<td>$16,776</td>
<td>$3,900</td>
<td>$37,104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPS</td>
<td>$16,900</td>
<td>$8,388</td>
<td>$1,950</td>
<td>$27,238</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The I-20 or DS-2019 will be created after being admitted and upon receiving the following documents:

  □  Completed Certificate of Finances Form
  □  Copy of Passport

If you are transferring from an US institution we will also need:

  □  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 disciplinary action.

Applicant’s Name (PRINT): ________________________________________________________________________________

Applicant’s Signature: ____________________________________________________________________________________

Date: __________________________________________________________________________________________________