CERTIFICATE OF FINANCES (COF) 2023 - 2024

For Exchange/Study Abroad International Applicants Page 1 of 3



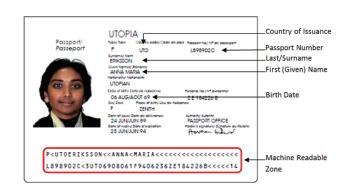
All Applicants MUST complete all pages.

All exchange students will be issued a DS-2019 for a J-1 Visa. Suffolk University must verify financial support for living expenses.

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 / SPONSO	R'S EMAIL				
Date of BirthMONTH / DAY / YEAR			Are you requesting a document for a dependent? Dependents are: Wife/Husband/Children		
Country of Birth			□ YES □ NO		
			A dependent is your spouse or	unmarried children	
City of Birth			under the age of 21.		
Country of Citizensh <u>i</u> r)				

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LAST NAME (FAMILY)	FI	RST NAME	BOSTO		
Are you currently in the U.S.?	If yes, will you trave	el outside of the U.S. before attending Suff	iolk University?		
If F1 or J-1, will you transfer your	SEVIS record from anothe	er US Institution?			
□ NO					
☐ YES / Institution Name:					
	Estimated Expenses	: 2023- 2024 - Per Semester			
Please be aware these are es	stimated expenses pe	er year - you must consider to have t	this amount available		
		ne duration of your program			
Exchange Students - (Tuition Waiver)		Study Abroad - (Fee Pa	Study Abroad - (Fee Paying)		
Tuition	Waiver	Tuition	\$22,406		
Living Expenses	\$10,974	Living Expenses	\$10,974		
Other Expenses (Books & Medical Insurance)	\$ 2,250	Other Expenses (Books & Medical Insura	\$ 2,250 ance)		
TOTAL	\$13,224	TOTAL	\$35,630		
The I-20 or DS-2019 will be created after being admitted and upon receiving the following documents:					
□ Certificate of Finances	□ Official Banl	k Statement			
□ Copy of Passport					

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		SUFFOLK
LAST NAME (FAMILY)	FIRST NAME	UNIVERSITY BOSTON
SPONSOR'S STATEMENT OF FINANCIAL government sponsorship)	_ SUPPORT (required if funding is provided by	anyone other than student, including
I,(parallel to the above named student for the for the duration of the student's educational	print name of sponsor) , guarantee that the sue academic year at Suffolk University. A comp program.	um amount of \$ USD will be parable amount of money will be available
Parent/Sponsor's Signature:		Date:
Relationship of Sponsor to Applicant:		
Sponsor's Address:		
	WITH AN OFFICIAL BANK LETTER OR BAN OUR SUFFOLK APPLICATION PORTAL.	NK STATEMENT SHOWING THE
STUDENT'S CERTIFICATION		
I have read the information on this form ar	nd it is a true and accurate statement that the	funds are available and will be provided. I
any of the information changes at any give	en time, I will immediately notify the CENTER	FOR INTERNATIONAL EDUCATION
AND STUDY AWAY (CIESA). Lunderstar	nd that making false or fraudulent statements	within this Certificate of Finances may

Applicant's Name (PRINT):

Applicant's Signature:

result in a denial or termination of any requested immigration documents.