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.

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:

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/issso

STREET  CITY  STATE  POSTAL CODE  COUNTRY

PHONE  FAX  EMAIL

PARENT / SPONSOR’S EMAIL

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  _________________________________
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>
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<tr>
<td>ELI (GR or UG)</td>
<td>$16,428</td>
<td>$16,776</td>
<td>$3,900</td>
<td>$37,104</td>
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<tr>
<td>CAPS</td>
<td>$16,900</td>
<td>$8,388</td>
<td>$1,950</td>
<td>$27,238</td>
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<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: ____________________________________________________________________________________