Harvard Law School LL.M. Program
Third-Party Billing Form
(submit only if you have a third-party payer that wishes to be billed directly for your tuition and/or other expenses)

Please return this completed form and the letter of third-party support by email, mail, or fax:
Harvard Law School Graduate Program
1585 Massachusetts Avenue, Suite 5005
Cambridge, MA 02138, USA
Email: GPFinaid@law.harvard.edu; Fax: +1-617-496-9179

This form is to be completed by each sponsor or third-party payer providing financial support to the student listed below, who will be attending Harvard Law School during the 2016-2017 academic year. (If you have multiple third-party payers, please ask each third-party payer to submit its own Third-Party Billing form.) Your third-party payer will be billed directly by Harvard University for the expenses indicated. Bills will be sent via email as PDF documents. If you do not have a third-party payer, or if your sponsor will pay you directly so that you may pay your tuition and fees yourself, then you should not submit this form.

1. Student Name: _________________________________________________________________________________

2. If the third-party payer will pay a fixed amount and wishes to be billed directly, please indicate the fixed amount in United States dollars and proceed to question 4: USD$________________

3. Alternatively, if the third-party payer will pay certain charges regardless of the exact amount, please circle “yes” for each charge that will be paid by the third-party payer. Please circle “no” for any charge that will not be covered. (*Tuition, activities fee, and health insurance and health services fees are mandatory and must be paid by all students.)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Amount</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Fee*</td>
<td>$59,550.00</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Activities Fee*</td>
<td>$350.00</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Health Insurance and Health Services Fees*</td>
<td>$3,718.00</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dental Insurance Fee (optional)</td>
<td>$485.00</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Spouse and/or Children Health Insurance and Health Services Fees</td>
<td>$5,962.00 or higher</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Residence Hall or Harvard University Housing Fees</td>
<td>$7,362.00 or higher</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

4. Third-Party Payer Contact Information

Organization Name: _________________________________
Billing Address: ______________________________________
Email: _____________________________________________

5. Third-Party Payer Authorizing Officer

Name: _________________________________
Title: _________________________________

I confirm that this organization should be billed directly for the charges indicated for the above-named student.

Signature: ______________________________________
Date: ______________________________________

Please attach a letter of support on official organization letterhead, which includes the name, address, phone number, and email of the billing contact for your organization.