

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 NOTE: We cannot accept third-party billing for IIE, Amideast, or other Fulbright organizations.

Please return this completed form and the letter of third-party support by email:

Harvard Law School Graduate Program
1585 Massachusetts Avenue, Suite 5005
Cambridge, MA 02138, USA
Email: GPFInaid@law.harvard.edu

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 2025-2026 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. Please note that the amounts below reflect the costs for the entire academic year and payment is due by the later of August 1, 2025, or the payment deadline on the invoice received from Harvard (typically this deadline is later than the August 1 student deadline). Bills will be sent via email in PDF form.

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 check "yes" for each charge that will be paid by the third-party payer. Please check "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 with 4 columns: Fee Name, Amount, Yes, No. Rows include Tuition Fee*, Activities Fee*, and Health Insurance and Health Services Fees*.

4. Third-Party Payer Contact Information
Organization Name:
Billing Address:
Billing Email:

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.

5. Third-Party Payer Authorizing Officer
Name:
Title:
Phone Number:

I confirm that this organization should be billed directly for the charges indicated for the above-named student. I understand that payment for the entire academic year is due in August 2025, or by the date specified on the invoice.

Signature:
Date: