

**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.)**

| | | | |
|--|--|-----|----|
| Tuition Fee* | \$80,760.00 | Yes | No |
| Activities Fee* | \$450.00 | Yes | No |
| Health Insurance and Health Services Fees* | \$6,108.00 | Yes | No |
| Spouse and/or Children Health Insurance and Health Services Fees <i>Charges depend on the number of family members and the coverage selected: \$9,892 for a spouse, \$5,102 for one child, plus \$2,568 for a second child.</i> | \$9,892.00 or higher or \$5,102.00 or higher | Yes | No |
| Residence Hall or Harvard University Housing Fees | variable | Yes | No |

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: _____