

## 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](mailto: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 **2026-2027** 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, 2026**, 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*	\$84,400.00	Yes	No
Activities Fee*	\$450.00	Yes	No
Health Insurance and Health Services Fees*	\$6,898.00	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 2026, or by the date specified on the invoice.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_