DEADLINE: JUNE 12, 2026

Harvard Law School S.J.D. 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 **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: _____