

SEVIS ID: N0004705512

SURNAME/PRIMARY NAME Doe Smith	GIVEN NAME John	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME John Doe-Smith	PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM	COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980	ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE	LEGACY NAME John Doe-Smith	

SCHOOL INFORMATION

SCHOOL NAME SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson PDSO	SCHOOL CODE AND APPROVAL DATE BAL214F04444000 03 APRIL 2015

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000

REMARKS

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	DATE ISSUED 21 April 2015	PLACE ISSUED Ft. Washington, MD
SIGNATURE OF: Helene Robertson, PDSO		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

<input checked="" type="checkbox"/>	SIGNATURE OF: John Doe Smith	DATE
NAME OF PARENT OR GUARDIAN	<input checked="" type="checkbox"/> SIGNATURE	ADDRESS (city/state or province/country) DATE

SEVIS ID: N0004705512 (F-1)

NAME: John Doe Smith

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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EVENT HISTORY

EVENT NAME	EVENT DATE
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OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
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TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		