

**SEVIS ID: N0004705512**

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

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	<b>SCHOOL ADDRESS</b> 9002 Nancy Lane, Ft. Washington, MD 20744
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson PDSO	<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F44444000 03 APRIL 2015

**PROGRAM OF STUDY**

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

**FINANCIALS**

<b>ESTIMATED AVERAGE COSTS FOR: 9 MONTHS</b>		<b>STUDENT'S FUNDING FOR: 9 MONTHS</b>	
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	\$
<b>TOTAL</b>	<b>\$ 32,000</b>	<b>TOTAL</b>	<b>\$ 32,000</b>

**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.

<b>X</b>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>
<b>SIGNATURE OF:</b> Helene Robertson, PDSO	21 April 2015	Ft. Washington, MD

**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.**

<b>X</b>		
<b>SIGNATURE OF:</b> John Doe Smith	<b>DATE</b>	
	<b>X</b>	
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country) DATE</b>

**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		

Sample