

SEVIS ID: [REDACTED]

SURNAME/PRIMARY NAME [REDACTED]	GIVEN NAME [REDACTED]	Class of Admission <h1 style="margin: 0;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME [REDACTED]	PASSPORT NAME [REDACTED]	
COUNTRY OF BIRTH [REDACTED]	COUNTRY OF CITIZENSHIP [REDACTED]	
DATE OF BIRTH [REDACTED]	ADMISSION NUMBER [REDACTED]	
FORM ISSUE REASON INITIAL ATTENDANCE	LEGACY NAME [REDACTED]	

SCHOOL INFORMATION

SCHOOL NAME University at Albany, State University of NY University at Albany, State Univ. of NY	SCHOOL ADDRESS 1400 Washington Avenue, Albany, NY 12222
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL [REDACTED] Assistant Director of Graduate Admissions	SCHOOL CODE AND APPROVAL DATE BUF214F10162000 30 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Public Administration 44.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 21 JULY 2017
START OF CLASSES [REDACTED]	PROGRAM START/END DATE [REDACTED]	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 19,788	Personal Funds	\$ 0
Living Expenses	\$ 8,450	Funds From This School	\$ [REDACTED]
Expenses of Dependents (0)	\$ [REDACTED]	Mother is providing funds.	\$ [REDACTED]
Books, clothing, personal, recreation,	\$ 2,400	On-Campus Employment	\$ [REDACTED]
TOTAL	\$ 30,638	TOTAL	\$ [REDACTED]

REMARKS

Student is expected to attend student orientation start August 20th, 2017.

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"/> [REDACTED]	DATE ISSUED 19 April 2017	PLACE ISSUED Albany, NY
SIGNATURE OF [REDACTED] Assistant Director of Graduate Admissions		

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.**

You should sign here _____ **you should write the date here**
SIGNATURE OF: [REDACTED] **DATE**

NAME OF PARENT OR GUARDIAN	<input checked="" type="checkbox"/> SIGNATURE	ADDRESS (city/state or province/country)	DATE
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SEVIS ID: [REDACTED] **(F-1)** **NAME:** [REDACTED]

EMPLOYMENT AUTHORIZATIONS
[REDACTED]

CHANGE OF STATUS/CAP-GAP EXTENSION
[REDACTED]

AUTHORIZED REDUCED COURSE LOAD
[REDACTED]

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		