

SEVIS ID: [REDACTED]

SURNAME/PRIMARY NAME [REDACTED]	GIVEN NAME [REDACTED]	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME [REDACTED]	PASSPORT NAME [REDACTED]	
COUNTRY OF BIRTH [REDACTED]	COUNTRY OF CITIZENSHIP [REDACTED]	
CITY OF BIRTH [REDACTED]	DATE OF BIRTH [REDACTED]	
FORM ISSUE REASON [REDACTED]	ADMISSION NUMBER [REDACTED]	

SCHOOL INFORMATION	
SCHOOL NAME Iowa State University of Science and Technology Iowa State University	SCHOOL ADDRESS 2229 LINCOLN WAY # 3248, International Students/Scholars Office, AMES, IA 50014
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL [REDACTED] International Student Advisor	SCHOOL CODE AND APPROVAL DATE [REDACTED]

PROGRAM OF STUDY		
EDUCATION LEVEL [REDACTED]	MAJOR 1 [REDACTED]	MAJOR 2 [REDACTED]
PROGRAM ENGLISH PROFICIENCY [REDACTED]	ENGLISH PROFICIENCY NOTES [REDACTED]	EARLIEST ADMISSION DATE [REDACTED]
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 \$ [REDACTED]	Personal Funds \$ [REDACTED]
Living Expenses \$ [REDACTED]	Funds From This School \$ [REDACTED]
Expenses of Dependents (0) \$ [REDACTED]	Funds From Another Source \$ [REDACTED]
Other \$ [REDACTED]	On-Campus Employment \$ [REDACTED]
TOTAL \$ [REDACTED]	TOTAL \$ [REDACTED]

REMARKS
OPT

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.

X [REDACTED] **DATE ISSUED** [REDACTED] **PLACE ISSUED** [REDACTED]

SIGNATURE OF: David Sappenfield, International Student Advisor

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(c)(2) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X [REDACTED] **DATE** [REDACTED]

SIGNATURE OF: Vishal Vinod Raul

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
	X		

SEVIS ID: ~~0025049384~~ (F-1)

NAME: Vishal Vinod Raul

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CHANGE OF STATUS/CAP-GAP EXTENSION

[REDACTED]

AUTHORIZED REDUCED COURSE LOAD

[REDACTED]

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
17 MAY 2021	06 AUGUST 2021

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
[REDACTED]	[REDACTED]	X [REDACTED]	[REDACTED]	[REDACTED]
		X		
		X		
		X		