

14-63

SEVIS ID: N0029982016

SURNAME/PRIMARY NAME KONANKI	GIVEN NAME Kavya Chowdary	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Kavya Chowdary Konanki	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 04 JANUARY 1997	ADMISSION NUMBER 65246181056	
FORM ISSUE REASON CONTINUED ATTENDANCE - TRAVEL	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME Valparaiso University Valparaiso University	SCHOOL ADDRESS 209 Harre Union, 1509 Chapel Drive, Valparaiso, IN 46383
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Emily Prough Coordinator of International Student Services	SCHOOL CODE AND APPROVAL DATE CHI214F10489000 28 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Technology 11.0103	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 05 DECEMBER 2018
START OF CLASSES 09 JANUARY 2019	PROGRAM START/END DATE 04 JANUARY 2019 - 15 MAY 2020	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,120	Personal Funds	\$ 0
Living Expenses	\$ 14,000	Graduate School Scholarship	\$ 2,000
Expenses of Dependents (0)	\$	Family Funds	\$ 28,120
Other	\$	On-Campus Employment	\$
TOTAL	\$ 30,120	TOTAL	\$ 30,120

REMARKS

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.

Emily M. Prough **DATE ISSUED** 20 May 2019 **PLACE ISSUED** Valparaiso, IN
SIGNATURE OF: Emily Prough, Coordinator of International Student Services

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.

Kavya Chowdary **DATE** 13th November, 2018
SIGNATURE OF: Kavya Chowdary KONANKI
NAME OF PARENT OR GUARDIAN K. JAYA PRABHA **SIGNATURE** X **ADDRESS (city/state or province/country)** **DATE**