

SEVIS ID: N0031099501

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| SURNAME/PRIMARY NAME Kandari | GIVEN NAME Chandana | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Chandana Kandari | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| DATE OF BIRTH 04 MARCH 1996 | ADMISSION NUMBER | |
| FORM ISSUE REASON INITIAL ATTENDANCE | LEGACY NAME | |

SCHOOL INFORMATION

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| SCHOOL NAME Arizona State University Arizona State University | SCHOOL ADDRESS Arizona State University, P.O. Box 872812, Tempe, AZ 85287 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jennifer Litten Coordinator, DSO Admission Services | SCHOOL CODE AND APPROVAL DATE PHO214F00127000 30 JANUARY 2003 |

PROGRAM OF STUDY

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| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology Project Management 11.1005 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 14 DECEMBER 2019 |
| START OF CLASSES 13 JANUARY 2020 | PROGRAM START/END DATE 13 JANUARY 2020 - 12 JANUARY 2023 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 26,288 | Personal Funds | \$ 0 |
| Living Expenses | \$ 20,916 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Family | \$ 49,801 |
| Health Insurance | \$ 2,597 | On-Campus Employment | \$ |
| TOTAL | \$ 49,801 | TOTAL | \$ 49,801 |

REMARKS

Classes begin on 01/13/2020. Upon arrival, please complete the New Student Check-in with the International Students and Scholars Center immediately/no later than the first day of the semester.

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 _____ **DATE ISSUED** 14 November 2019 **PLACE ISSUED** Tempe, AZ
SIGNATURE OF: Jennifer Litten, Coordinator, DSO
Admission 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(e) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X Chandana _____ **DATE** 19/11/2019
SIGNATURE OF: Chandana Kandari

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