

14-24

SEVIS ID: N0029267695

SURNAME/PRIMARY NAME CONJUNTALA	GIVEN NAME DHARANI	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME CONJUNTALA DHARANI	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 25 May 1997	ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE	LEGACY NAME	
SCHOOL INFORMATION		

SCHOOL NAME Cleveland State University Cleveland State University	SCHOOL ADDRESS 2121 EUCLID AVE, MC 412, CLEVELAND, OH 44115
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Regina Motiejunas-McCarthy Manager, International Student Services	SCHOOL CODE AND APPROVAL DATE CLE214FC0211000 27 DECEMBER 2002

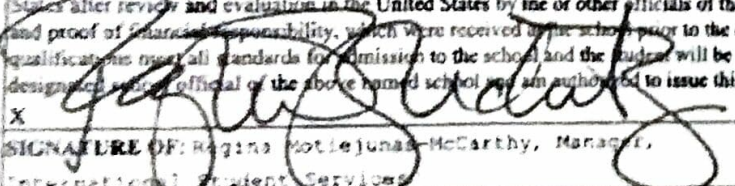
PROGRAM OF STUDY	EDUCATION LEVEL MASTER'S	MAJOR 1 Computer and Information Sciences. General 11.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 14 JULY 2018	
START OF CLASSES 25 AUGUST 2018	PROGRAM START/END DATE 13 AUGUST 2018 - 12 MAY 2020		

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 19,333	Personal Funds	\$ 0
Living Expenses	\$ 12,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 37,398
books, supplies, and health ins	\$ 6,065	On-Campus Employment	\$
TOTAL	\$ 37,398	TOTAL	\$ 37,398

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 by 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: 13 April 2018 PLACE ISSUED: CLEVELAND, OH

SIGNATURE OF: Regina Motiejunas-McCarthy, Manager, 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.

X _____ DATE _____

SIGNATURE OF: CONJUNTALA DHARANI

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