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SEVIS ID: N0028331605

<b>SURNAME/PRIMARY NAME</b> Saligram	<b>GIVEN NAME</b> Neha Ram	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> Neha Ram Saligram	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>CITY OF BIRTH</b> Nellore	<b>DATE OF BIRTH</b> 15 OCTOBER 1998	
<b>FORM ISSUE REASON</b> CONTINUED ATTENDANCE	<b>ADMISSION NUMBER</b>	

<b>SCHOOL INFORMATION</b>	
<b>SCHOOL NAME</b> University of South Florida University of South Florida (Tampa)	<b>SCHOOL ADDRESS</b> International Services, COS101, 4202 East Fowler Avenue, Tampa, FL 33620
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> James Schwartz International Student Advisor	<b>SCHOOL CODE AND APPROVAL DATE</b> MIA214FG0043000 28 JANUARY 2003

<b>PROGRAM OF STUDY</b>		
<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Computer Science 11.0701	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 21 JULY 2018
<b>START OF CLASSES</b> 20 AUGUST 2018	<b>PROGRAM START/END DATE</b> 20 AUGUST 2018 - 03 MAY 2020	

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 15,863	Personal Funds	\$ 0
Living Expenses	\$ 16,350	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 34,229
Medical Insurance	\$ 2,016	On-Campus Employment	\$ 0
<b>TOTAL</b>	<b>\$ 34,229</b>	<b>TOTAL</b>	<b>\$ 34,229</b>

**REMARKS**  
Recommend for post-completion OPT. The student is expected to complete the degree on 05/09/2020. Employment field will be directly related to the major of study.

**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"/>	<b>SIGNATURE OF:</b> James Schwartz, International Student Advisor	<b>DATE ISSUED</b> 22 July 2021	<b>PLACE ISSUED</b> Tampa, FL
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**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.

<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> Neha Ram Saligram	<b>DATE</b> 23 July 2021
<input checked="" type="checkbox"/>	<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>
	<b>ADDRESS (city/state or province/country)</b>	<b>DATE</b>