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SEVIS ID: N0033627879

SURNAME/PRIMARY NAME Poosa	GIVEN NAME Suchitra	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Suchitra Poosa	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 15 JULY 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME Saint Louis University Saint Louis University	SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Miriam Voigt DSO	SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003

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 13 DECEMBER 2022
START OF CLASSES 17 JANUARY 2023	PROGRAM START/END DATE 12 JANUARY 2023 - 31 DECEMBER 2024	

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,000	Personal Funds	\$ 0
Living Expenses	\$ 10,200	Scholarship	\$ 2,000
Expenses of Dependents (0)	\$ 0	Family Funding	\$ 29,300
Books, transportation, personal, health	\$ 6,100	On-Campus Employment	\$ 1,000
TOTAL	\$ 32,300	TOTAL	\$ 32,300

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.

<input checked="" type="checkbox"/>	<i>Miriam Voigt</i>	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Miriam Voigt, DSO		10 October 2022	St. Louis, MO

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"/>		
SIGNATURE OF: Suchitra Poosa		DATE
	<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country) DATE

[Signature]
PRINCIPAL
G. Narayanamma Institute of
Technology & Science (for woman)
(AUTONOMOUS)
Shaikpet, Hyderabad - 500 104.