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SEVIS ID: N0033714351

SURNAME/PRIMARY NAME NENAVATH		GIVEN NAME SOWMYA		Class of Admission  <h1>F-1</h1>  ACADEMIC AND LANGUAGE
PREFERRED NAME SOWMYA NENAVATH		PASSPORT NAME		
COUNTRY OF BIRTH INDIA		COUNTRY OF CITIZENSHIP INDIA		
CITY OF BIRTH		DATE OF BIRTH 02 JULY 1999		
FORM ISSUE REASON INITIAL ATTENDANCE		ADMISSION NUMBER		
SCHOOL INFORMATION				

SCHOOL NAME The University of Akron The University of Akron	SCHOOL ADDRESS 302 Buchtel Commons, Akron, OH 44325
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Emily Aronson Assistant Director, Immigration Services	SCHOOL CODE AND APPROVAL DATE CLE214F00500000 08 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Computer Science 11.0701	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 07 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 06 JANUARY 2023 - 11 MAY 2025	

FINANCIALS		ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees		Personal Funds	\$	0	
Living Expenses	\$ 15,013	Funds From This School	\$		
Expenses of Dependents (0)	\$ 10,192	Family	\$	27,445	
Health insurance and books	\$ 2,240	On-Campus Employment	\$		
<b>TOTAL</b>	<b>\$ 27,445</b>	<b>TOTAL</b>	<b>\$</b>	<b>27,445</b>	

**REMARKS**  
 TUITION AND FEES ARE SUBJECT TO CHANGE. HEALTH INSURANCE IS MANDATORY. SUMMER CLASSES ADDITIONAL COST.

**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.

SIGNATURE OF: Emily Aronson      DATE ISSUED: 03 November 2022      PLACE ISSUED: Akron, OH  
 Immigration 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.

SIGNATURE OF: SOWMYA NENAVATH      DATE: \_\_\_\_\_  
 NAME OF PARENT OR GUARDIAN: \_\_\_\_\_      SIGNATURE: \_\_\_\_\_      ADDRESS (city/state or province/country): \_\_\_\_\_      DATE: \_\_\_\_\_