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SEVIS ID: N0033320544

SURNAME/PRIMARY NAME Gundreddy	GIVEN NAME Gagana Reddy	Class of Admission <h1>F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Gagana Reddy Gundreddy	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH KURNOOL	DATE OF BIRTH 18 APRIL 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Illinois Springfield University of Illinois Springfield	SCHOOL ADDRESS One University Plaza, Springfield, IL 62703
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Tracy Rakes Immigration Specialist	SCHOOL CODE AND APPROVAL DATE CHI214F06390000 28 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer Systems Analysis/Analyst 11.0501	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 18 JULY 2022
START OF CLASSES 19 AUGUST 2022	PROGRAM START/END DATE 17 AUGUST 2022 - 11 MAY 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 22,200	Personal Funds	\$ 0
Living Expenses	\$ 9,700	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 55,108
Insurance/Transportation/Books	\$ 3,100	On-Campus Employment	\$
TOTAL	\$ 35,000	TOTAL	\$ 55,108

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.

X Tracy Rakes **DATE ISSUED** 14 June 2022 **PLACE ISSUED** Springfield, IL

SIGNATURE OF Tracy Rakes, Immigration Specialist

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

SIGNATURE OF: Gagana Reddy Gundreddy **DATE**

X

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

PRINCIPAL
G. Narayanamma Institute of
Technology & Science (for women)
(AUTONOMOUS)
Shaikpet, Hyderabad - 500 104.