	ase read Instructions on Page 2 is page must be completed and signed in the U.S. by a desig	vnated school official.		a a	SEVIS	
	amily Name (surname):		For Immigration Official User		Student's Copy N0000242925	
ı	First (given) Name: Middle Name: Weitian				<u> </u>	
I	Country of birth:	Date of birth(mo/day/year): 09/17/1981				
I	Country of citizenship:	Admission number:				
2.	nool (School district) name: niversity of Illinois at Chicago niversity of Illinois at Chicago					
	School Official to be notified of student's arrival in U.S.(Nam Margaret Anderson International Services Specialist School address (include zip code): 1200 West Harrison Street 2160 Student Service Building (m/c 326) Chicago, IL 60607-7164 School code (including 3-digit suffix, if any) and approval dat		Visa issuing post	Date Visa Issued		
l	CHI214F01091000 approved	d on 12/21/2002	Reinstated, extension	granted to:		
3.	This certificate is issued to the student named above Continued attendance at this school.	for:	,	. •		
4.	Level of education the student is pursuing or will pur	rsue in the United States:				
5.	The student named above has been accepted for a ful school, majoring in Mathematics , General The student is expected to report to the school no late and complete studies not later than 09/10/2009 study is 60 months.	er than <u>08/24/2005</u>	8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7). a. Student's personal funds \$ 0.00 b. Funds from this school \$ 33,096.00 Specify type: Assistantship/Tuition Rem.			
6.	English proficiency: This school requires English proficiency. The student has the required English proficiency.					
7.	9 (up to 12) months to be: a. Tuition and fees \$ b. Living expenses \$ c. Expenses of dependents (0) \$	20.800.00 9,900.00 0.00 649.00 31,349.00		Total \$ _	33,096.00	
10	School Certification: I certify under penalty of perjuand is true and correct; I executed this form in the Unithe student's application, transcripts, or other records execution of this form; the school has determined the will be required to pursue a full course of study as deto issue this form. Margaret Anderson Name of School Official Signature of Designated School Official	nited States after review as s of courses taken and procat the above named studen efined by 8 CFR 214.2(f)(CInternation of the state of	nd evaluation in the Un of of financial response t's qualifications meet 5); I am a designated o tional Services - tist	nited States by me or other of bility, which were received all standards for admission fficial of the above named s	officials of the school of at the school prior to the to the school; the student	
11	Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified o page 2. 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 course of study at the school named on page 1 of th form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determin my nonimmigrant status.					
	Name of Student Fran Zans	(le	of Student	$ \overline{} $	Oct 5, 2016	
	Name of parent or guardian gignature of If student under 18	parent or guardian	Address (city) (State or Province) (Country	(Date)	
	Form I-20 A-B (Rev. 04-27-88)N			For Official U Microfilm Index Number	se Only	

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILYNAME: Zang	F	FIRST NAME: _	Weitian
Primary Major: 27.0101 Mathematics, General			
Student Employment Authorization:			
Employment Status:	Type:	OPT	
Duration of Employment - From (Date): 11/11/2010	To (Date):	04/11/2012	
Employer Name: AG Advisors			
Employer Location: 238 W. 31st Street			
Chicago, IL 60616			

Comments:

earth9192@hotmail.com

Employment Status:

Employer Location:

FULL TIME

Type:

OPT To (Date): 11/10/2010

Duration of Employment - From (Date): 11/23/2009 Granite Group Employer Name:

899 S. Plymouth

Chicago, IL 60616

The Student has met the 1 full academic year requirement.

earth9192@hotmail.com Comments:

Student's Copy N0000242925

Event History Event Name: Registration

Event Date: 08/24/2005

Current Authorizations:

Start Date:

End Date:

OPT Employment Approved OPT Extension Requested 11/23/2009 11/11/2010

11/10/2010 04/11/2012

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School: International Services 09/30/2010 Chicago, IL Specialist Margaret Anderson Place Issued (city and state) Date Issued Title Name of School Official Date Issued Place Issued (city and state) Signature of Designated School Official Title Name of School Official Date Issued Place Issued (city and state) Signature of Designated School Official Title Name of School Official

Place Issued (city and state) Date Issued Title Name of School Official Signature of Designated School Official