

U.S. Department of Justice
Immigration and Naturalization Service

Page 1

Certificate of Eligibility for Nonimmigrant (F-1) Student
Status - For Academic and Language Students (OMB NO. 1653-0038)

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):
Gonaboyina

First (given) Name: Naga Venkata Someswara Rao	Middle Name:
Country of birth: INDIA	Date of birth(mo/day/year): 06/10/1993
Country of citizenship: INDIA	Admission number:

2. School (School district) name:
Wright State University
Wright State University

School Official to be notified of student's arrival in U.S.(Name and Title):
Belinda Grody
Records Technician 2

School address (include zip code):
University Center for International Edu
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001

School code (including 3-digit suffix, if any) and approval date:
CLE214F00224000 approved on **01/09/2003**

3. This certificate is issued to the student named above for:
Initial attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
MASTER'S
5. The student named above has been accepted for a full course of study at this school, majoring in **Electrical and Electronics Engineering**. The student is expected to report to the school no later than **01/06/2015** and complete studies not later than **06/20/2017**. The normal length of study is **30** months.
6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of **9** (up to 12) months to be:
- | | |
|------------------------------------|---------------------|
| a. Tuition and fees | \$ 12,528.00 |
| b. Living expenses | \$ 9,900.00 |
| c. Expenses of dependents (0) | \$ 0.00 |
| d. Other (specify): books and ins. | \$ 2,900.00 |
| Total | \$ 25,328.00 |

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Belinda Grody

Belinda, A.C.

Records Technician 2

10/29/2014 Dayton, OH

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

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 on 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 this 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 determine my nonimmigrant status.

GONABOYINA NAGA VENKATA SOMESWARA RAO

Name of Student

G.V.Rao

Signature of Student

10/21/15

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

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

FAMILY NAME: Gonaboyina FIRST NAME: Naga Venkata Someswara RaoPrimary Major: 14.1001 Electrical and Electronics Engineering

Student Employment Authorization:

Employment Status:

Type:

Duration of Employment - From (Date):

To (Date):

Employer Name:

Employer Location:

Student's Copy
N0012183670

Comments:

Event History

Event Name:

Event Date:

Current Authorizations:

Start Date: End Date:

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:

<u>Belinda Grody</u>		<u>Records Technician 2</u>	<u>10/29/2014</u>	<u>Dayton, OH</u>
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	CLASS F-1
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kimberly Brumbaugh Program Dir., Visa Information and Support/SEVIS Management	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 30 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 06 JANUARY 2015	PROGRAM END DATE 20 JUNE 2017	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
Expenses of Dependents (0)	\$	family funds	\$ 22,328
books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

All international students and dependents are required to purchase WSU health insurance which is included above.

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 **Kimberly Brumbaugh, Program Dir., Visa Information and Support/SEVIS Management** DATE ISSUED **01 December 2015** PLACE ISSUED **Dayton, OH**

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 **Naga Venkata Someswara Rao Gonaboyina** DATE **12/1/15**
SIGNATURE OF: **Naga Venkata Someswara Rao Gonaboyina** DATE
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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EVENT HISTORY

EVENT NAME	EVENT DATE
Registration	05 JANUARY 2015

OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
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TRAVEL ENDORSEMENT

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SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
KIMBERLY BRUMBAUGH DSO/ARO		X	12-1-15	
WRIGHT STATE UNIVERSITY		X		
DAYTON, OHIO 45435-0001		X		
		X		
		X		
		X		

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	CLASS F-1
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, 3640 Colonel Glenn Hwy., Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kimberly Fritz Asst. Dir. Intern'l Stu. Emplmt. & Services	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 30 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 06 JANUARY 2015	PROGRAM END DATE 30 APRIL 2016	

FINANCIALS

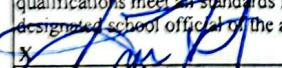
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
Expenses of Dependents (0)	\$	family funds	\$ 22,328
books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

Mr. Gonaboyina is requesting one year of post-completion OPT authorization not to exceed 14 months past academic program completion date pursuant to 8CFR214.2(f)(10)(ii)(A)(3).
email: gonaboyina.2@wright.edu

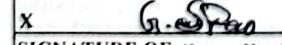
SCHOOL ATTESTATION

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.

 DATE ISSUED
15 March 2016 PLACE ISSUED
Dayton, OH
SIGNATURE OF: Kimberly Fritz, Asst. Dir. Intern'l Stu.
Emplmt. & 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.

 DATE
3/18/16
SIGNATURE OF: Naga Venkata Someswara Rao Gonaboyina
DATE
NAME OF PARENT OR GUARDIAN ADDRESS (city/state or province/country) DATE
SIGNATURE

SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	REQUESTED	16 JUNE 2016	15 JUNE 2017

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED DROP BELOW FULL COURSE OF STUDY

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X	3-17-16	
Kimberly Fritz D.S.O/ARO		X		
Wright State University		X		
Dayton, OH 45435		X		
		X		
		X		
		X		

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	Class of Admission F-1
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, 3640 Colonel Glenn Hwy., Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Isidore Munyeshuli Records Mgt. Coordinator	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 07 DECEMBER 2014
START OF CLASSES 06 JANUARY 2015	PROGRAM START-END DATE 06 JANUARY 2015 - 30 APRIL 2016	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
Expenses of Dependents (0)	\$	family funds	\$ 22,328
books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

Mr. Gonaboyina is approved for one year of post-completion OPT authorization not to exceed 14 months past academic program completion date pursuant to 8CFR214.2(f)(10)(ii)(A)(3).
email: gonaboyina.2@wright.edu

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 *Isidore Munyeshuli*
SIGNATURE OF: Isidore Munyeshuli, Records Mgt.
Coordinator

DATE ISSUED
12 September 2016

PLACE ISSUED
Dayton, OH

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 *G. S. Rao*
SIGNATURE OF: Naga Venkata Someswara Rao Gonaboyina

DATE
09/17/16

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
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SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	16 JUNE 2016	15 JUNE 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
POST-COMPLETION OPT	16 JUNE 2016 - 15 JUNE 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Wafts Solutions	06 SEPTEMBER 2016	15 JUNE 2017	FARMINGTON HILLS, MI

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
29 AUGUST 2016	30 APRIL 2016

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Isidore Munyeshuli, DSO		X		
Wright State University				
Dayton, OH 45435-0001				

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	Class of Admission F-1
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, 3640 Colonel Glenn Hwy., Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Isidore Munyeshuli Records Mgt. Coordinator	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 07 DECEMBER 2014
START OF CLASSES 06 JANUARY 2015	PROGRAM START-END DATE 06 JANUARY 2015 - 30 APRIL 2016	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
Expenses of Dependents (0)	\$	family funds	\$ 22,328
books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

Mr. Gonaboyina is approved for one year of post-completion OPT authorization not to exceed 14 months past academic program completion date pursuant to 8CFR214.2(f)(10)(ii)(A)(3).
email: gonaboyina.2@wright.edu

SCHOOL ATTESTATION

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X *Isidore Munyeshuli*
SIGNATURE OF: Isidore Munyeshuli, Records Mgt.
Coordinator

DATE ISSUED

01 December 2016

PLACE ISSUED

Dayton, OH

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 *G. S. Rao*

SIGNATURE OF: Naga Venkata Someswara Rao Gonaboyina

12/01/16

DATE

NAME OF PARENT OR GUARDIAN

X
SIGNATURE

ADDRESS (city/state or province/country)

DATE

SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	16 JUNE 2016	15 JUNE 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
POST-COMPLETION OPT	16 JUNE 2016 - 15 JUNE 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
SummitWorks	26 OCTOBER 2016	15 JUNE 2017	SOUTH PLAINFIELD, NJ
Wafts Solutions	06 SEPTEMBER 2016	25 OCTOBER 2016	FARMINGTON HILLS, MI

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
29 AUGUST 2016	30 APRIL 2016

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Isidore Munyeshuli, DSO Wright State University Dayton, OH 45435-0001		X <i>Isidore Munyeshuli</i>	12/01/2014	
		X		
		X		
		X		

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	Class of Admission
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	F-1
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, 3640 Colonel Glenn Hwy., Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kimberly Fritz Asst. Dir. Intern'l Stu. Emplmt. & Services	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL	MAJOR 1	MAJOR 2
MASTER'S	Electrical and Electronics Engineering 14.1001	None 00.0000
PROGRAM ENGLISH PROFICIENCY	ENGLISH PROFICIENCY NOTES	EARLIEST ADMISSION DATE
Required	Student is proficient	07 DECEMBER 2014
START OF CLASSES	PROGRAM START-END DATE	
06 JANUARY 2015	06 JANUARY 2015 - 30 APRIL 2016	

FINANCIALS

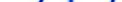
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
Expenses of Dependents (0)	\$	family funds	\$ 22,328
books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

Mr. Gonaboyina is recommended for the OPT STEM Extension.
email: gonaboyina.2@wright.edu

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  DATE ISSUED
SIGNATURE OF Kimberly Fritz, Asst. Dir. Intern'l Stu. 24 April 2017
Emplmt. & Services

PLACE ISSUED

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 G. Someswara Rao
SIGNATURE OF: Naresh Venkata Someswara Rao Gonaboyina

08/23/17

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

SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	16 JUNE 2016	15 JUNE 2017
STEM OPT	FULL TIME	REQUESTED	16 JUNE 2017	16 JUNE 2019

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
	EMPLOYER NAME	START DATE	END DATE	CITY & STATE
POST-COMPLETION OPT	SummitWorks	26 OCTOBER 2016	15 JUNE 2017	SOUTH PLAINFIELD, NJ
STEM OPT	Wafts Solutions	06 SEPTEMBER 2016	25 OCTOBER 2016	FARMINGTON HILLS, MI

TYPE	AUTHORIZATION DATES			
	EMPLOYER NAME	START DATE	END DATE	CITY & STATE
STEM OPT	SummitWorks Technologies Inc.	16 JUNE 2017	15 JUNE 2019	SOUTH PLAINFIELD, NJ

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
29 AUGUST 2016	30 APRIL 2016

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Kimberly Fritz D.S.O/ARO		X		
Wright State University		X		
Dayton, OH 45435		X		
		X		
		X		
		X		

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	Class of Admission F-1
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, 3640 Colonel Glenn Hwy., Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kimberly Fritz Asst. Dir. Intern'l Stu. Emplmt. & Services	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 07 DECEMBER 2014
START OF CLASSES 06 JANUARY 2015	PROGRAM START-END DATE 06 JANUARY 2015 - 30 APRIL 2016	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
Expenses of Dependents (0)	\$	family funds	\$ 22,328
books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

Mr. Gonaboyina is approved for the OPT STEM Extension.
email: gonaboyina.2@wright.edu

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 *[Signature]* DATE ISSUED 06 December 2017 PLACE ISSUED Dayton, OH
SIGNATURE OF: Kimberly Fritz, Asst. Dir. Intern'l Stu. Emplmt. & 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.

X *[Signature]* 12/17/17
SIGNATURE OF: Naga Venkata Someswara Rao Gonaboyina DATE
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
STEM OPT	FULL TIME	APPROVED	16 JUNE 2017	15 JUNE 2019

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
STEM OPT	16 JUNE 2017 - 15 JUNE 2019		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
SummitWorks Technologies Inc.	16 JUNE 2017	15 JUNE 2019	SOUTH PLAINFIELD, NJ

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
N/A. Student is on post-completion practical training.	

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Kimberly Fritz D.S.O/ARO		X 	12/6/2017	
Wright State University		X		
Dayton, OH 45435		X		
		X		
		X		
		X		

SEVIS ID: N0012183670

SURNAME/PRIMARY NAME Gonaboyina	GIVEN NAME Naga Venkata Someswara Rao	Class of Admission F-1
PREFERRED NAME Naga Venkata Someswara Rao Gonaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 10 JUNE 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - UPDATED	LEGACY NAME Naga Venkata Someswara Rao Gonaboyina	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Wright State University Wright State University	SCHOOL ADDRESS University Center for International Education, 3640 Colonel Glenn Hwy., Dayton, OH 45435
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kimberly Brumbaugh Program Dir., Visa Information and Support/SEVIS Management	SCHOOL CODE AND APPROVAL DATE CLE214F00224000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 07 DECEMBER 2014
START OF CLASSES 06 JANUARY 2015	PROGRAM START-END DATE 06 JANUARY 2015 - 30 APRIL 2016	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 12,528	Personal Funds	\$ 0
Living Expenses	\$ 9,900	tuition scholarship	\$ 3,000
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books and ins.	\$ 2,900	On-Campus Employment	\$
TOTAL	\$ 25,328	TOTAL	\$ 25,328

REMARKS

Mr. Gonaboyina is approved for the OPT STEM Extension.
email: gonaboyina.2@wright.edu

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(t)(6). I am a designee of the school of the above named school and am authorized to issue this form.

X _____ DATE ISSUED _____ PLACE ISSUED _____
SIGNATURE OF: Kimberly Brumbaugh, Program Dir., Visa
Information and Support/SEVIS Management 07 August 2018 Dayton, OH

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 _____ DATE _____
SIGNATURE OF: Naga Venkata Someswara Rao Gonaboyina
X _____ DATE _____
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0012183670 (F-1)

NAME: Naga Venkata Someswara
Rao Gonaboyina

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
STEM OPT	FULL TIME	APPROVED	16 JUNE 2017	15 JUNE 2019

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
STEM OPT	16 JUNE 2017 - 15 JUNE 2019		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
TEKBasic LLC	15 APRIL 2018		ROBBINSVILLE, NJ
SummitWorks Technologies Inc.	16 JUNE 2017	15 APRIL 2018	SOUTH PLAINFIELD, NJ

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
H1-B	PENDING	EAC1814352646	
COMMENT			

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION START DATE	CURRENT SESSION END DATE
N/A. Student is on post-completion practical training.	

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
KIMBERLY BRUMBAUGH, PDSO/RQ		X	8/8/18	
WRIGHT STATE UNIVERSITY		X		
DAYTON, OHIO 45435-0601		X		
		X		
		X		
		X		