

SEVIS ID: N0013354712

SURNAME/PRIMARY NAME Jin	GIVEN NAME Shenrui	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Shenrui Jin	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 13 JANUARY 1993	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Shenrui Jin	

SCHOOL INFORMATION

SCHOOL NAME Fordham University Fordham University - Lincoln Center	SCHOOL ADDRESS Salvatore C. Longarino, 33 West 60th Street, Room 306, New York, New York, NY 10023
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Salvatore Longarino Director, Office of International Students	SCHOOL CODE AND APPROVAL DATE NYC214F00708001 14 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Financial Mathematics 27.0305	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 18 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 27 AUGUST 2015	PROGRAM END DATE 20 DECEMBER 2016	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 49,366	Personal Funds	\$ 0
Living Expenses	\$ 24,000	Funds From This School	\$
Expenses of Dependents (0)	\$	parent	\$ 75,000
MandHealthInsr	\$ 1,626	On-Campus Employment	\$
TOTAL	\$ 74,992	TOTAL	\$ 75,000

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	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Salvatore Longarino, Director, Office of International Students	01 June 2016	New York, New York, NY

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: Shenrui Jin			
X	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0013354712 (F-1)

NAME: Shenrui Jin

EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	13 JUNE 2016	30 AUGUST 2016

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT	13 JUNE 2016 - 30 AUGUST 2016			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Natixis North America	13 JUNE 2016	30 AUGUST 2016	NY, NY	

CHANGE OF STATUS/CAP-GAP EXTENSION

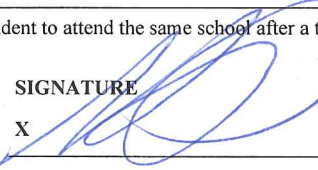
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AUTHORIZED DROP BELOW FULL COURSE OF STUDY

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TRAVEL ENDORSEMENT

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.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
S. Longair	PDSO	X 	6/11/16	NY NY
		X		
		X		
		X		
		X		