

SEVIS ID: N0016401482

SURNAME/PRIMARY NAME
MALLA THAKURI

PREFERRED NAME

COUNTRY OF BIRTH
NEPAL

CITY OF BIRTH
Dhading

FORM ISSUE REASON
CONTINUED ATTENDANCE

GIVEN NAME
Santosh

PASSPORT NAME

COUNTRY OF CITIZENSHIP
NEPAL

DATE OF BIRTH
17 JULY 1994

ADMISSION NUMBER

Class of Admission

F-1

ACADEMIC AND
LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME
Marymount University
Marymount University Main Campus

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL
Veronica Bonilla
International Student Advisor

SCHOOL ADDRESS
2807 North Glebe Road, Arlington, VA 22207

SCHOOL CODE AND APPROVAL DATE
WAS214F00223000
23 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL
BACHELOR'S

PROGRAM ENGLISH PROFICIENCY
Required

START OF CLASSES
24 AUGUST 2020

MAJOR 1
Information Technology 11.0103

ENGLISH PROFICIENCY NOTES
Student is proficient

PROGRAM START/END DATE
18 AUGUST 2020 - 01 AUGUST 2022

MAJOR 2
None 00.0000

EARLIEST ADMISSION DATE

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS

Tuition and Fees	\$ 34,440
Living Expenses	\$ 14,400
Expenses of Dependents (0)	\$ 0
Books, supplies, transportation.	\$ 5,000
TOTAL	\$ 53,840

STUDENT'S FUNDING FOR: 9 MONTHS

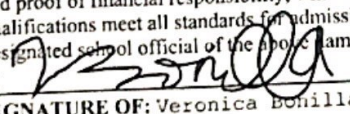
Personal Funds	\$ 0
Scholarship	\$ 16,000
Rabi Malla Thakuri -- father	\$ 37,840
On-Campus Employment	\$
TOTAL	\$ 53,840

REMARKS

Student is completing program of study.

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.

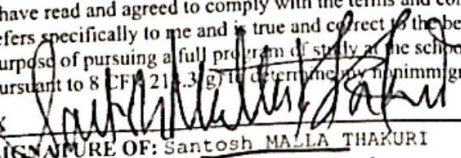
X 
SIGNATURE OF: Veronica Bonilla, International Student
Advisor

DATE ISSUED
21 July 2022

PLACE ISSUED
Arlington, VA

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)(10) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X 
SIGNATURE OF: Santosh MALLA THAKURI

DATE

07/26/2022

NAME OF PARENT OR GUARDIAN

SIGNATURE

ADDRESS (city/state or province/country)

DATE