

SEVIS ID: N0030537136

SURNAME/PRIMARY NAME Dakhara	GIVEN NAME Isha Sureshbhai	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Isha Sureshbhai Dakhara	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 17 JANUARY 1997	ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME Northeastern University Northeastern University	SCHOOL ADDRESS 360 Huntington Avenue, 405 Ell Hall, Boston, MA 02115
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brian Meade Assistant International Student and Scholar Advisor	SCHOOL CODE AND APPROVAL DATE BOS214F00257000 22 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Biotechnology 26.1201	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 05 AUGUST 2019
START OF CLASSES 04 SEPTEMBER 2019	PROGRAM START/END DATE 04 SEPTEMBER 2019 - 20 DECEMBER 2021	

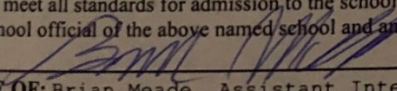
FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 8 MONTHS		STUDENT'S FUNDING FOR: 8 MONTHS	
Tuition and Fees	\$ 25,640	Personal Funds	\$ 0
Living Expenses	\$ 18,296	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family funds	\$ 66,253
Other	\$	On-Campus Employment	\$
TOTAL	\$ 43,936	TOTAL	\$ 66,253

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.

SIGNATURE OF:  DATE ISSUED 19 April 2019	PLACE ISSUED Boston, MA
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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.**

SIGNATURE OF: Isha Sureshbhai Dakhara	DATE
SIGNATURE	DATE
NAME OF PARENT OR GUARDIAN	ADDRESS (city/state or province/country)