

SEVIS ID: N0011472905

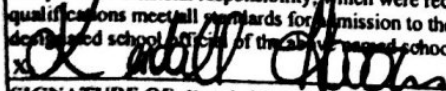
SURNAME/PRIMARY NAME Boyapati	GIVEN NAME Chaitanya Swaroopa	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Chaitanya Swaroopa Boyapati	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 04 NOVEMBER 1992	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Chaitanya Swaroopa Boyapati	

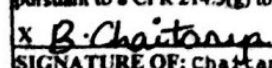
SCHOOL INFORMATION	
SCHOOL NAME University of the Cumberland University of the Cumberland	SCHOOL ADDRESS Office of International Relations, 816 Walnut Street, Williamsburg, KY 40769
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kendall Harris Data Entry and Information Processor	SCHOOL CODE AND APPROVAL DATE NOL214F10705000 23 SEPTEMBER 2002

PROGRAM OF STUDY		
EDUCATION LEVEL DOCTORATE	MAJOR 1 Information Technology 11.0103	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 06 MAY 2019	PROGRAM START/END DATE 06 MAY 2019 - 18 AUGUST 2022	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS	
Tuition and Fees	\$ 15,150
Living Expenses	\$ 7,200
Expenses of Dependents (0)	\$ 0
Other	\$
TOTAL	\$ 22,350
STUDENT'S FUNDING FOR: 12 MONTHS	
Personal Funds	\$ 22,350
Funds From This School	\$ 0
Funds From Another Source	\$
On-Campus Employment	\$
TOTAL	\$ 22,350

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.		
	DATE ISSUED 06 August 2019	PLACE ISSUED Williamsburg, KY
SIGNATURE OF: Kendall Harris, Data Entry and Information Processor		

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 08/13/2019	
SIGNATURE OF: Chaitanya Swaroopa Boyapati			
NAME OF PARENT OR GUARDIAN		SIGNATURE	DATE
		ADDRESS (city/state or province/country)	DATE